

## Drugs and sport

### Anti-doping

UK Anti-Doping, the national body responsible for the UK's anti-doping policy, advises that athletes are personally responsible should a prohibited substance be detected in their body. Information regarding the use of medicines in sport is available from:

UK Anti-doping  
Fleetbank House  
2-6 Salisbury Square  
London  
EC4Y 8AE  
(020) 7842 3450  
ukad@ukad.org.uk  
[www.ukad.org.uk](http://www.ukad.org.uk)

Information about the prohibited status of specific medications based on the current World Anti-Doping Agency Prohibited List is available from Global Drug Reference Online: [www.globaldro.com/UK/search](http://www.globaldro.com/UK/search)

### General Medical Council's advice

Doctors who prescribe or collude in the provision of drugs or treatment with the intention of improperly enhancing an individual's performance in sport contravene the GMC's guidance, and such actions would usually raise a question of a doctor's continued registration. This does not preclude the provision of any care or treatment where the doctor's intention is to protect or improve the patient's health.

## Medicines optimisation

### Overview

Medicines are the most common intervention in healthcare for the prevention, treatment and/or management of many illnesses. As life expectancy increases and as the population ages, more people are living with several long-term conditions that are being managed with an increasing number of medicines. Medicines use can be complex and how patients can take their medicines safely and effectively is a challenge for the health service.

Multimorbidity (the presence of 2 or more long-term conditions) is associated with a greater use of health services, higher mortality, higher treatment burden (due to polypharmacy or multiple appointments), and reduced quality of life. The risk of patients suffering harm from their medicines increases with polypharmacy, and treatment regimens (including non-pharmacological treatments) can very easily become burdensome for patients with multimorbidity and can lead to care becoming fragmented and uncoordinated. Prescribers should consider the risks and benefits of treatments recommended from guidance for single health conditions, as the evidence for these recommendations is regularly drawn from patients without multimorbidity and who are taking fewer prescribed regular medicines. The management of risk factors for future disease can also be a major treatment burden for patients with multimorbidity and should be taken into consideration. Medicines optimisation encompasses many aspects of medicines use and helps to ensure that they are taken as intended, thus supporting the management of long-term conditions, multimorbidities, and appropriate polypharmacy. Through the adoption of a patient-focused approach to safe and effective medicines use, medicines optimisation changes the way patients are supported to get the best possible outcomes from their medicines. The use of shared decision-making informed by the best available evidence to guide decisions, ensures all patients have the opportunity to be involved in decisions about their medicines, taking into account their needs, preferences and values.

To reduce the risk of harm, ensure patients taking multiple medicines are receiving the most appropriate treatments for their needs, and to manage the spend on medicines, the Department of Health and Social Care are reviewing over-prescribing in the NHS.

### Optimisation tools

Medicines optimisation includes aspects of care such as clinical assessment, clinical audits, disease prevention, health education, individual reviews and monitoring, and risk management. Having effective processes and systems in place can minimise the risk of preventable medicines-related problems (such as interactions with other medicines or comorbidities, and side-effects). Health and social care organisations should consider the use of multiple methods for identifying medicines-related patient safety incidents; learning from these incidents is important for guiding practice and minimising patient harm.

When optimising patient care, areas of intervention to consider include: deprescribing; medicines reconciliation, reviews and repeat prescribing; problematic polypharmacy; reducing medication waste and errors; and self-management plans. Self-management plans can be led by the child and their parents/carers or health professional, and vary in their content depending on the individual needs of the child, with the aim of supporting both them and their parents/carers involvement and empowerment in managing their condition.

Medication reviews involve a structured critical examination of a child's medicines to optimise treatment, minimise the