

Medication review OSCE

Nr:	Drug related problem:	Goal:	Suggested action:	Result:
1	Nitrate tolerance due to lack of nitrate-free interval	Effect of nitrates, no chest pain	Change dosage of Imdur to 1x1 (60 or 120mg)	Physician agrees; new dose 120mg in the morning
2	Probable gastric ulcer caused by NSAID (diclofenac) aspirin and SSRI Fhb+, Hb and MCV ↓, epigastric pain	Ulcer healed	Discontinue diclofenac. (and aspirin temporarily if ulcer diagnosis is confirmed) Start omeprazole treatment 20mg 4-8 weeks	Physician agrees; discontinues diclofenac and prescribes omeprazol 20mg for 6 weeks. Plans for gastroscopy.
3	The patient uses SSRI inappropriately; only occasionally for anxiety	Adequate treatment of depression – if indication is present	Stop treatment if the patient does not suffer from depression. If the patient is correctly diagnosed with depression – information and motivation, keep the dose.	The physician does not want to address the issue, says it's for the GP.
4	Microcytic anemia – need for Iron therapy? (+ worsening of angina with anemia)	Normal Hb and Fe levels	Control iron status. Depending on result; prescribe oral or iv iron.	Physician does not think it is necessary to check iron status.
5	Low dose statin – 10mg	maximal risk reduction (no new thrombotic event)	Increase the dose to 40mg (20mg OK)	The physician changes the dose to 20mg.
6	Inadequate/inappropriate pain treatment	The patient is able to move without pain and is without adverse reactions from treatment	Discontinue diclofenac Regular use of paracetamol 1gx3-4. If not enough discuss with different options with patient (pros and cons) weak opioids, morphine etc.	The physician increases the dose to 1g x3 and adds tramadol 50mg 1-2 prn.
7	No ACEi/ARB prescribed– the patient has had two MIs and is diabetic so it is indicated	Prevent diabetic complications and cardiovascular events, keep Bp within target	Prescribe ACEi/ARB in standard dose (no need for careful increase since no CHF or renal failure Since Bp is within target for a Type 2 diabetic (130/75) the thiazide may need to be discontinued to avoid hypotension.	The physician thinks enough changes have been made so no action...