



### CASE PRESENTATION:

An **HMR** was conducted for a 77-year-old male with atrial fibrillation, hypertension, osteoporosis and **T-cell deficiency/lymphopenia**.

Through trust established during the **HMR** between patient and clinical pharmacist, the patient revealed he was taking a supplement for osteoporosis, "ipriflavone" since 2014. **The supplement was not listed on the general practitioner's referral**; therefore, a **complete medication picture** was not in his medical records. Since 2014, his lymphocyte levels had slowly declined.



### LITERATURE REVIEW:

Ipriflavone induced **lymphocytopenia** in a significant number of RCT participants.

Lymphocyte counts returned to normal for the 81% of participants two-years after the trial.



### PHARMACIST INTERVENTIONS:

The **clinical pharmacist** consulted the general practitioner, haematologist and patient regarding a trial **cessation** (agreed).

Clinical investigation nine-months post-HMR showed slight improvement in lymphocyte count with a **return to normal range** by April 2019.



### CONCLUSION:

This case highlights the value of **HMR** for revealing the **3D picture** where over-the-counter medication use **may not be visible to the GP** and specialists.

It showcases the personal impact of living with an undetected chronic ADR and emphasises the value of **follow-up, trust and collaboration** between health professionals to resolve an ADR.

## THE 3D PICTURE

Home Medicine Review **reveals** supplement culprit in chronic **life-threatening** adverse drug reaction.

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#### THE CURRENT STANDARD SYSTEM

Currently some Patients receive Type 'i' treatment

Lack of multidisciplinary care and irregular doctor visits

Full health potential is not harnessed. Health may be declining

Patient

DOCTOR

Limited doctor - patient relationship

Compliance issue quite prevalent

Can be unaware of medications and their correct administration

Risk of preventable hospitalization

Very high Risk - Patient is more likely unnecessarily deteriorate

#### THE CURRENT STANDARD SYSTEM

Most Patients will receive Type C treatment

Sees GP and other Specialists / Allied Health Professionals fairly regularly

Has good support system



Adequate Compliance

Often more aware of medications

Patient's managing but not thriving

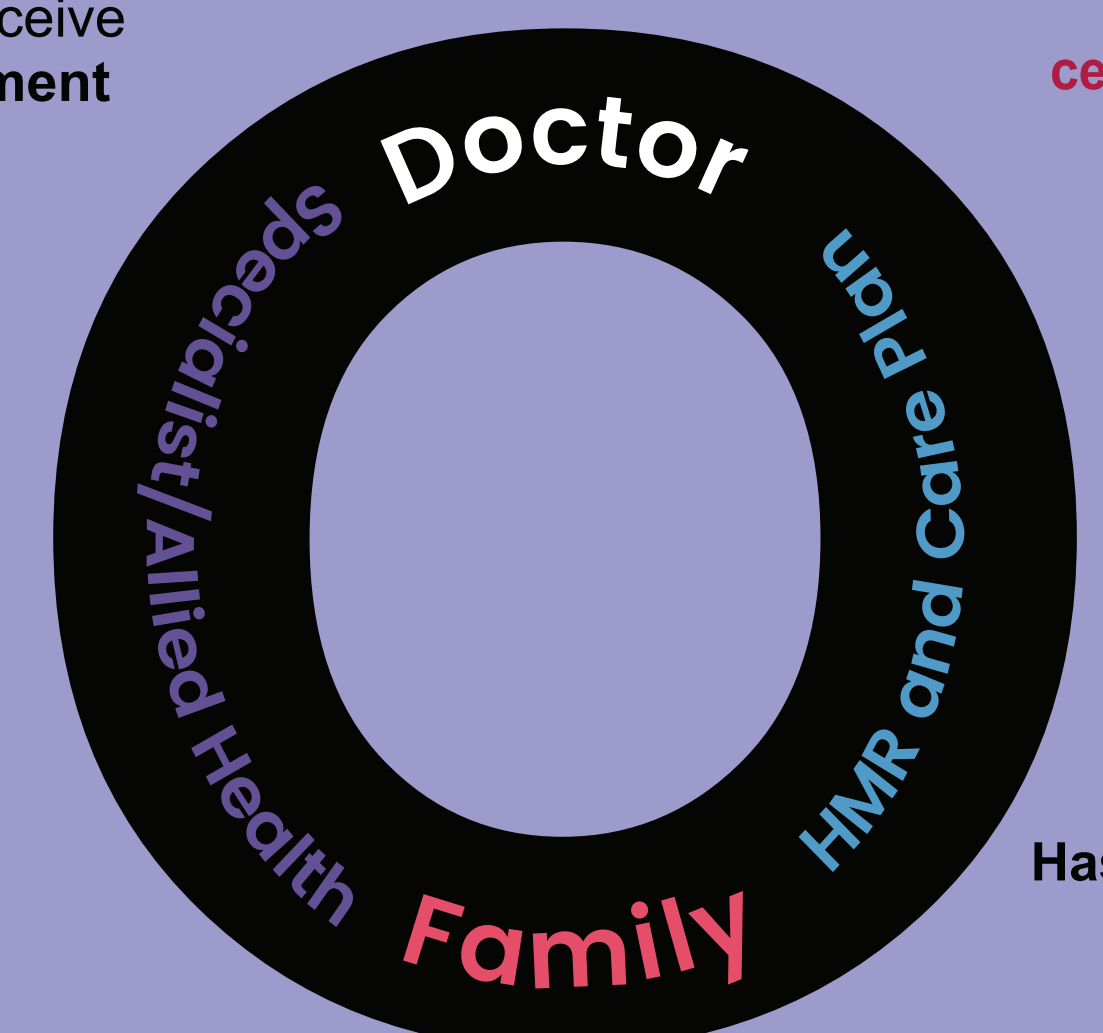
Moderate Risk - Patient is stable but may not be improving

#### WHAT THE PATIENT NEEDS

Few Patients receive 'O' type treatment

Regular more frequent check ups increase accountability

Proactive



Holistic, patient centered treatment

Knows their medications and their administration

Has good support system, personally and medically

Low Risk - Patient is stable and relatively comfortable, likely improving

