Polypharmacy Guidance: Appropriate Prescribing Making medicines safe, effective and sustainable, 2025-28

Scottish Government
Riaghaltas na h-Alba

Respondent Information Form

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Full name or organisation's name

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We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☒ Yes

☐ No

Questionnaire

We have a total of 14 questions with some being multi-part, please answer as many as you feel able to.

Delivery of comprehensive 7-Steps Medication reviews

Question 1a
Do you agree or disagree with the recommendations for those with polypharmacy and/or high-risk medicines?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 1b
Do you agree or disagree with the recommendations on who should be targeted for a polypharmacy review?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 1c
Please provide any further comments about our recommendations.

We are thoughtful of the recommendation that all patients require an at-least annual structured medication review, as it assumes uniform needs across the population. While we support setting minimum frequency standards, this should be based on patient stratification—using data and technology where possible—to ensure reviews are tailored to individual needs.
Guidance on who can conduct medication reviews is inconsistent. While GPs are often assumed to lead, other professionals—such as pharmacists—can and do undertake reviews, especially for housebound patients. We recommend targeting reviews based on patient need, with flexibility around the professional involved, ensuring timely and appropriate care.

Medication reviews for those receiving care at home and in care homes

Question 2a
Do you agree or disagree with the recommendations for people receiving care at home and in care homes?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 2b
Please provide any further comments about our recommendations.

For patients at home or in care homes, medication reviews should be person-centred and an emphasis placed on aligning with the principles of advanced care planning to ensure people's wishes are taken into account as part of the review and shared decision making is the outcome.
Recommendations should align with existing strategies, such as *My health, my care, my home*, rather than stand alone. Health boards are already working towards these frameworks, which support holistic, person-centred care and should inform polypharmacy management.
Some of the current recommendations are stated for specific cohorts but should apply to all patients regardless of their care status. For example, the need for medication review and management should not be limited to those in care homes or with specific conditions but should be a standard practice for all patients receiving multiple medications.

Falls

Question 3a
Do you agree or disagree with the recommendations for reviewing people at risk of falls, or who have fallen?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 3b

Do you agree or disagree with the recommendations for reviews to reduce the risk of falls?

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☒ Not sure

Question 3c
Please provide any further comments about our recommendations.

The layout of the tables on pages 504–505 is difficult to interpret due to the presence of three separate tables, each titled either "Our recommendations" or simply "Recommendations." It's unclear whether these are stratified by system level, place-based implementation, or another framework. To improve clarity and usability, we suggest revisiting the table titles and structure—potentially introducing clearer headings or categorisation that reflect the intended audience or level of action. This would aid readers in navigating the content and understanding which recommendations apply to their context.

Managing frailty

Question 4a

Do you agree or disagree with the recommendations for managing frailty?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 4b

Please provide any further comments about our recommendations.

We support the recommendations outlined in the frailty section; however, we would like to note the use of an age threshold—specifically referencing individuals aged 65 and over. In practice, frailty is not exclusive to older adults, and individuals under 65 can also experience significant frailty due to a range of health conditions or life circumstances.
To widen the inclusivity of the guidance, the recommendations could be framed in a way that recognises frailty as a clinical condition rather than one defined strictly by age.

Anticholinergic burden

Question 5a

Do you agree or disagree with the recommendations for managing medicines with anticholinergic burden?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 5b

Please provide any further comments about our recommendations.

While the recommendations in the anticholinergic burden section are valuable, the current structure presents a risk of confusion. The content appears to follow a logical progression—from overall polypharmacy review, to condition-specific considerations, and then to specific drug classes—but this hierarchy isn't clearly reflected in the titles or layout of the sections, paragraphs, or tables. Addressing this issue would support the reader to apply the recommendations within their own context.

Long-term conditions: Chronic pain, Diabetes

Question 6a

Do you agree or disagree with the recommendations for management of chronic pain?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 6b

Please provide any further comments about our recommendations.

Feedback from pharmacists practicing in the field of chronic pain broadly agreed with the recommendations and made some additional points for consideration. The emphasis on non-pharmaceutical options for chronic pain is welcome, though implementation will require cultural change, public education, and improved access to multidisciplinary support. The focus on person-centred care and quality of life over pain scores is appropriate, and community pharmacy involvement should be strengthened. Medication conversations must be regular and honest, with better training and resources for healthcare professionals. Opioid prescribing guidance could be refined to suggest trial reduction at three months, and antidepressant/gabapentinoid use should be carefully risk-assessed with clearer guidance on misuse and deprescribing. Regular medication reviews should be defined more clearly, and deprescribing should be supported through tapering and cross-sector collaboration. Mental health and pain management must be individualised, and language should be patient-friendly.

Question 6c

Do you agree or disagree with the recommendations for management of type 2 diabetes?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 6d

Please provide any further comments about our recommendations.

Not answered

Parkinson's Disease, Dementia

Question 7a

Do you agree or disagree with the recommendations for management of Parkinson's disease?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 7b

Please provide any further comments about our recommendations.

Not answered

Question 7c

Do you agree or disagree with the recommendations for management of dementia?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 7d

Please provide any further comments about our recommendations.

Updating terminology to refer to SSDD (Symptoms of Stress and Distress in Dementia) rather than BPSD would better reflect current understanding and practice. With reference to treatment discontinuation in dementia, it is not recommended to withdraw AChEI/ memantine unless this is the cause of SSDD.

Mental health drug: Antidepressants, Benzodiazepines, Antipsychotics

Question 8a

Do you agree or disagree with the recommendations for antidepressants?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 8b

Please provide any further comments about our recommendations.

Our response to Section 8 is based on feedback from member pharmacists who practice in the field of mental health. There was support for the emphasis on shared decision-making, informed consent, and tailoring treatment to individual needs. It was noted that improvements could be made in the consistency of terminology such as “withdrawal” vs “discontinuation” and suggested removal of the term “course” in relation to treatment. There was strong support for structured, safe deprescribing protocols, especially for long-term use. Clearer definitions and examples are requested to guide clinical decisions around essential or non-essential medicines. The recommendations appropriately emphasise non-pharmacological approaches as first-line treatment for mild depression and anxiety, with pharmacological options reserved for more severe or persistent cases. Continuation or augmentation of antidepressants may be suitable for individuals with recurrent or severe depression. Resources such as *Quality Prescribing for Antidepressants* and *Choice and Medication* are valuable tools to support review and deprescribing. For older adults or those at risk of gastrointestinal complications, stronger guidance is needed to recommend gastro-intestinal protection. Additionally, clearer and more consistent advice on withdrawal symptoms and tapering strategies is essential to support safe deprescribing.
While the term “Mental Health Triple Whammy” may be gaining traction, its origin is unclear and it does not appear to be widely used within mental health practice. Unlike the original “Triple Whammy” which signals a clear prescribing risk due to acute kidney injury, the combinations referenced in the mental health context do not carry the same level of risk and may be clinically appropriate in certain cases. Therefore, using the term in this context may be misleading and unhelpful.

Question 8c
Do you agree or disagree with the recommendations for benzodiazepines?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 8d

Please provide any further comments about our recommendations.

Not answered

Question 8e
Do you agree or disagree with the recommendations for antipsychotics?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 8f

Please provide any further comments about our recommendations.

This section is prepared based on feedback from pharmacists working in this field. The recommendations support appropriate and safe prescribing of antipsychotics, particularly in dementia, anxiety, and agitation, with a clear need for tailored deprescribing guidance—especially in dementia—to avoid abrupt cessation. Regular physical health monitoring (e.g. blood pressure, weight, HbA1c) is essential to ensure safety. Additional guidance is needed on rationalising or deprescribing high-dose antipsychotic therapy, ideally with specialist input. Drug-specific advice should highlight the risks associated with haloperidol in dementia and suggest risperidone as a safer alternative.

Antibiotics and penicillin allergy

Question 9a

Do you agree or disagree with the recommendations for antibiotic use at the end of life?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 9b

Please provide any further comments about our recommendations.

We suggest that a heavier emphasis is placed on respecting the wishes of the person through anticipatory care planning.

Question 9c

Do you agree or disagree with the recommendations for managing penicillin allergies?

- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Not sure

The Royal Pharmaceutical Society agrees with the importance of appropriate de-labelling of penicillin allergy for patient and population benefit. We have published a useful checklist for use by prescribers. Penicillin allergy checklist | RPS
While the penicillin allergy de-labelling section is useful, its relevance to polypharmacy guidance is unclear. It aligns more closely with antimicrobial stewardship and diagnostic accuracy. If retained, it should be clearly linked to structured medication reviews to maintain focus and coherence within the guidance.

Question 9d

Please provide any further comments about our recommendations.

High-risk combinations and Medication Sick Day Guidance

Question 10a
Do you agree or disagree with the recommendations for management of high-risk combinations of medicines?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 10b

Please provide any further comments about our recommendations.

Not answered

Question 10c
Do you agree or disagree with the recommendations in the medication sick day guidance?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 10d

Please provide any further comments about our recommendations.

Not answered

Constipation

Question 11a
Do you agree or disagree with the recommendations for management of constipation?

☒ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Not sure

Question 11b

Please provide any further comments about our recommendations.

In addition, patients prescribed clozapine should be excluded from these recommendations. People prescribed clozapine are highly likely to be require multiple laxatives and for a protracted time.

Osteoporosis

Question 12a

Do you agree or disagree with the recommendations for management of osteoporosis?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 12b

Please provide any further comments about our recommendations.

Not answered

Deprescribing in palliative care

Question 13a

Do you agree or disagree with the recommendations for deprescribing in palliative care?

- ☒ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Not sure

Question 13b

Please provide any further comments about our recommendations.

Not answered

Question 14

Please provide any further comments on our polypharmacy guidance.

The Royal Pharmaceutical Society (RPS) welcomes the opportunity to comment on the revised polypharmacy guidance. As the professional leadership body for pharmacists in Great Britain, RPS supports excellence in pharmacy practice to improve patient care. We are pleased to note that our Director for Scotland was involved in the development of the original document.

The revised guidance is comprehensive and evidence-based, reflecting a strong commitment to improving medication safety and person-centred care. However, to ensure the guidance has maximum impact on healthcare professional practice and patient outcomes, we believe several issues should be addressed:

- Scope and Structure: The document is lengthy, and while the evidence base and rationale for structured medication reviews and polypharmacy management are well-articulated, this extensive justification may distract from the practical guidance. We recommend separating the background and evidence sections into a standalone document for those who wish to explore the underpinning research, making the main guidance more accessible and user-friendly.
- Evidence Summaries: These are valuable but could be published separately to streamline the core guidance and support targeted use by clinicians.
- Section 9 – Case Studies: This section spans 156 pages and, while rich in practical examples, may be better suited as a separate workbook or toolkit. This would allow for easier reference and integration into training and implementation resources.
- Digital Integration: We congratulate the team on the development of an approved medical device for incorporating the indicators into GP systems. This is a significant step forward in supporting data-driven identification of patients for review and should be highlighted as a key enabler of practice change.

We appreciate the opportunity to contribute and look forward to supporting the implementation of the final guidance.