

# The role of Residential Medication Management Reviews in medication safety.

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The following case study describes the pharmacist-initiated management of a suspected case of risperidone-induced Neuroleptic Malignant Syndrome in an aged-care resident.

**Background:** Neuroleptic Malignant Syndrome (NMS) is a rare and potentially fatal recognised adverse drug reaction associated with the use of typical and atypical antipsychotic medication. Antipsychotics are widely used ‘off’ and ‘on-label’ for the treatment of behavioural and psychiatric symptoms of dementia (BPSD).

**Case presentation:** A 70-year-old female resident was referred by her regular GP for an earlier than routine RMMR due to increased difficulty in swallowing tablets and general clinical decline. Carers reported elevated blood pressure, episodes of hyperthermia, tachycardia and increasing drowsiness and confusion.

Her medical history included advanced dementia, depression, hypertension and gastro-oesophageal reflux disease. The resident had no known allergies.

Figure 1: Clinical course and outcomes

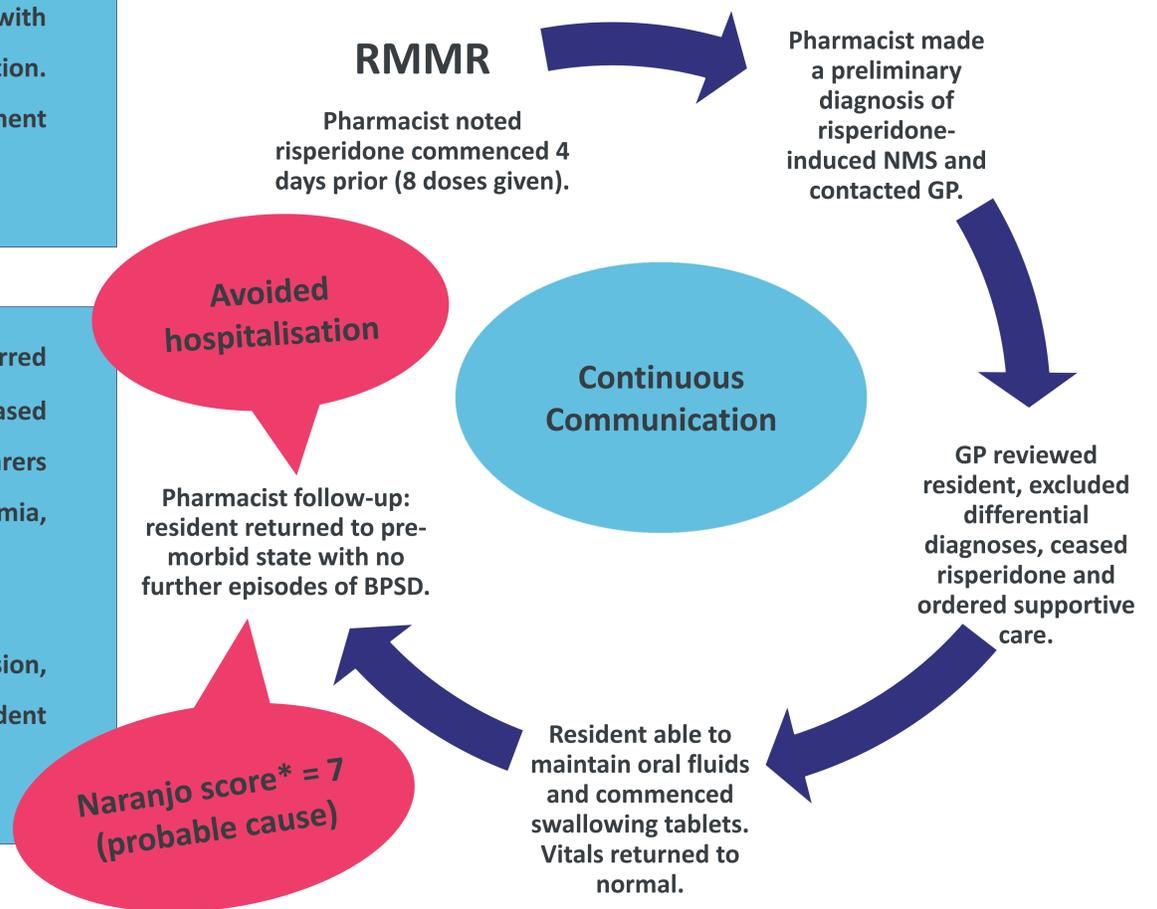


Table 1: Medication list at time of RMMR.

Medication, dose and frequency	Indication
<b>Regular medications (oral)</b>	
Hyoscine butyl bromide 20mg twice daily	Abdominal cramps
Docusate and Senna 50/8mg every second day	Constipation
Risperidone 0.5mg twice daily	Behavioural and Psychiatric Symptoms of Dementia (BPSD)
Pantoprazole 40mg daily	Gastro oesophageal reflux disease (GORD)
Paracetamol (soluble) 1g three times daily	Pain (musculoskeletal and abdominal)
Perindopril 5mg daily	Hypertension
Oxazepam 15mg daily	Anxiety
Memantine 10mg daily	Alzheimer’s Disease
<b>As required (prn) medications (oral)</b>	
Hyoscine butyl bromide 10 to 20mg twice daily	Abdominal cramps
Metoclopramide 10mg three times daily (oral/SC/IM)+	Nausea and vomiting
Oxazepam 7.5mg twice daily+	Agitation and restlessness
Loperamide 2mg twice daily	Episodes of diarrhoea
Docusate and Senna 100/16mg twice daily	Episodes of constipation

**Discussion:** This case study has shown that a collaborative relationship fostered through a national RMMR program has identified and managed a potentially life-threatening adverse drug reaction. Key points include:

- A timely reminder of a rare but serious adverse drug reaction.
- Significant impact of RMMR on health outcomes.
- Successful management of this case required the pharmacist’s actions to exceed current RMMR model (timeliness, multiple collaborative communications and follow-up).

**Future Directions:** Development of the RMMR program should include pathways for ongoing clinical pharmacist support to residents and their health care providers.

+ = no doses given before or during clinical course  
 \* = Naranjo score determines probability of drug causing event