

Adult Medicine Review Scenario

Role Play – Provider Perspective

This is a medicine review encounter. The goal for this visit is to determine what medicines the client is taking and how they are taking them.

The 68-year-old client has Type 2 Diabetes, hypertension, and high cholesterol. S/he had an annual physical last month with a primary care provider and then started a new prescription for Lomitapide (Juxtapid) for high cholesterol. A cardiologist prescribed the new medicine 2 weeks ago.

Home medicine list:

- Aspirin 81 mg daily
- Atenolol 25 mg daily
- Atorvastatin 40 mg daily
- Citrizine 10 mg daily
- Enalapril 5 mg twice daily
- Ezetimibe 10 mg daily
- Lomitapide 10 mg daily
- Metformin 500 mg twice daily
- Multivitamin daily

Some things you should know about Lomitapide are:

- It should be taken once daily with a glass of water, without food
- It should be taken at least 2 hours after the meal, because taking it with food may increase the risk of GI side effects
- Clients who take Lomitapide need monthly liver function test monitoring
- Clients should report nausea, vomiting, fever, jaundice, and flu-like symptoms
- Clients should not drink more than 1 alcoholic drink per day while taking Lomitapide
- Clients should not eat grapefruit or drink grapefruit juice while taking Lomitapide
- Clients should avoid over the counter medicines that contain Acetaminophen and limit Acetaminophen to 2 grams/day

How would you organize a medicine review to chunk meds from this list together?

What potential risks do you recognize that are barriers for the patient?

How can you overcome those as the provider?

Role Play – Client Perspective

You are a 68-year-old client who had your annual physical last month. You have Type 2 Diabetes, high blood pressure, and high cholesterol. Since your annual physical with your primary care provider (Dr. Martinez), you also had a cardiologist appointment. Your cardiologist prescribed a new medicine for your cholesterol. You already took two other cholesterol medicines. Many of your family members have high cholesterol as well.

You come to the outpatient clinic for a Brown Bag Medicine Review today. You brought your medicine bottles as directed, including over the counter medicines you take like Acetaminophen for a headache. You have a follow up appointment with your cardiologist in 2 weeks for labs.

You feel tired today and haven't been sleeping well because of noises outside your home like dogs barking, trucks driving by, etc.

You manage most of your medicines by taking most of them only in the morning. You take one tablet or pill of each medicine. You have not had side effects like nausea, vomiting, or abdominal cramping with your medicines. Here's your normal routine:

Morning (before breakfast)

- Aspirin (to prevent a heart attack)
- Atenolol (blood pressure)
- Atorvastatin (cholesterol)
- Cetirizine (allergies)
- Enalapril (blood pressure)
- Ezetimibe (cholesterol)
- Lomitapide (new cholesterol)
- Metformin (diabetes)
- Multivitamin

Evening (after dinner)

- Enalapril (blood pressure)
- Metformin (diabetes)

Over the Counter

- Acetaminophen

One of the inconveniences of your new cholesterol medicine is that Medicare doesn't cover the Lomitapide, and it's not a generic. Lomitapide also has to come from a special pharmacy, and they mail it to your home. The rest of your medicines come from Sam's Club near your neighborhood, and you typically pick them up.

Facilitator notes

- Provider should use “medicine” not “medication”
- Goal is for client to pick up medicine bottle, explain what it’s for, and how much they take
- Provider should recognize risk when multiple providers are prescribing
- Provider should recommend client with bring medicines to each appointment
- Client will reveal they take new cholesterol medicine (Lomitapide) in morning, and provider should correct them and teach it is best to take in evening 2 hours after meal. Provider has Lomitapide teaching points.
- It would be clinically realistic for a client to take all evening medicines at the same time (e.g., 8 or 9 p.m.)

Logistics:

- Have the class divide into groups of 3-4 people (when in person).
- Brainstorm teaching ideas/plan
- Have 2 attendees volunteer for
 - Role 1: Client
 - Role 2: Health care provider
- Other Roles: Instruct to use Communication Observation Form from the AHRQ Health Literacy Universal Precautions Toolkit