

need to design well thought out solutions guided by relevant medicines policy.

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Mary Wilkin has highlighted that there are risks when introducing Pharmaceutical Benefits Scheme (PBS) reforms to public hospitals. The reforms could shift the pharmacy's focus towards satisfying PBS regulations for reimbursement. This raises questions about the purpose of each pharmacy department. If public hospitals do not focus on patient-centred review, reconciliation and facilitation of medication liaison with primary care, the quality use of medicines is at risk.

I believe our department learnt the harsh reality that if the hospital pharmacy's primary role becomes dispensing PBS prescriptions and it focuses more on optimising our reimbursement than ensuring appropriateness, then safety and continuity of treatment become secondary. This places the patients at risk of adverse events.<sup>1</sup>

As a result of our experience, we chose to actively disinvest in dispensing drugs at discharge where feasible without compromising patient care. We realigned our roles on ensuring early clinical review, completion of medication action plans and close collaboration with patients, carers and hospital staff to optimise medication outcomes in hospital. On discharge our goal is to reconcile all PBS discharge prescriptions and only dispense what is required. We should focus on providing medication information for patients and carers and facilitating medication liaison with the primary care team.

Pharmacy has to use any healthcare reforms as a trigger to re-evaluate its role in a complex system in order to maintain its ability to optimise the quality use of medicines. As we stated in our previous article, 'a focus on tasks and processes in hospitals runs the risk of removing the patient as the focus of care.'<sup>1</sup>

**REFERENCE**

1. Doran E, Iedema J, Ryan L, Coombes I. Fatal rhabdomyolysis following voriconazole and simvastatin. *Aust Prescr* 2012;35:88-9.

## Book review

### AMH Aged Care Companion

Adelaide: Australian Medicines Handbook; 2014  
245 pages  
Electronic version also available

This companion is intended primarily for general practitioners, nurses and pharmacists working in aged-care settings. It is also relevant to the care of frail older people living in the community.

The book contains almost 70 chapters, each addressing one or more common clinical problems in aged care. The chapters are arranged by organ system, and structured to cover key diagnostic issues, considerations before starting treatment, non-drug and drug treatments, safety and useful resources. The book has a number of helpful tables and appendices. The advice is based on best available evidence, although neither this nor the recommendations are graded. The Editorial Advisory Committee and reviewers are an impressive group of experts.

It is odd that there is no chapter about chronic kidney disease. Prescribing in renal impairment is discussed briefly in the introduction, but with no mention of strategies to slow progression or avoid nephrotoxicity (although the risk from non-steroidals is stated in the chapter on osteoarthritis).

The other notable gap is lack of a chapter on quitting smoking. Although a number of the chapters recommend smoking cessation, nicotine replacement and other pharmaceutical aids are not discussed.

Some chapters are more comprehensive than others. The chapter on depression recommends psychosocial interventions and physical activity, but does not mention other lifestyle changes, including quitting smoking and a healthy diet, for which there is growing evidence. The chapter on diabetes does not discuss management of albuminuria. Absolute vascular risk assessment and management is a particularly challenging area in elderly patients but is not covered in detail. A future edition of the companion could usefully provide more comprehensive guidance.

Any textbook is inevitably incomplete. The Aged Care Companion is of undoubted value in the care of older people, but even alongside the Australian Medicines Handbook does not provide all the answers.

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