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Introduction: principles of good prescribing

Box 1.1 Prescribing framework

Ideally, you should build up a 'personal formulary' of drugs for common situations.

When choosing drugs to use consider the following:

- What is the diagnosis?
- What are you trying to achieve?
- Make a list of possible drug classes that could do this
- Compare them according to safety, efficacy, suitability and cost
- Select a first-choice drug class for this situation
- Compare drugs within the class in the same way
- Select a first-choice drug for this situation

When you are treating a patient with this type of problem:

- Ensure that you have defined the patient's problem and specified the therapeutic objective
- Consider your first-line drug from your personal formulary (or go through the steps above)
- Check suitability of the first-choice drug for this patient: Is it likely to be effective? Is it likely to be safe? Is the form and dose suitable? Is the duration suitable?
- If so, start treatment. If not, reconsider. Would a change to the standard regimen for the drug help? Would a different drug from the same class be suitable? Do you need to go back to the beginning of the process and select a different drug class for this patient?
- Once a drug and regimen is selected, start treatment
- Give information to the patient
- Monitor/stop treatment as appropriate

Worked examples can be found in Chapters 12 and 13.

Prescribing is more than writing a drug order on a chart and requires a subset of competencies involving knowledge, judgement and skill. These skills include medication history taking, reviewing medicines, choosing a new medicine, assessing the suitability of a drug regimen for a patient, writing a prescription, communicating with a patient about their medicines, monitoring drug effects, and dealing with drug-related problems. Prescribing is currently undertaken in a complex healthcare environment with growing numbers of medicines, ageing patients who have increasing numbers of comorbidities, and dwindling resources. Studies have highlighted adverse drug effects and prescribing errors as significant issues. These issues highlight the need for careful and thoughtful prescribing by all prescribers.

Prescribing well is difficult. Opportunities to practice as a student are limited, and looking back many doctors describe an insufficient emphasis on the practical aspects of prescribing in the undergraduate curriculum. This book is one attempt to help by providing clear, concise guidance on how to prescribe safely and effectively, and should be used in combination with practical examples. It could also be helpful as a guide for new graduates as they learn 'on the job'.

One of the ways to ensure good prescribing is to use a framework such as the one described in Box 1.1, which is based on the World Health Organization *Guide to Good Prescribing*. The steps are outlined in individual chapters of this book. As you develop from a novice into an expert prescriber, the steps will become automatic; however, there will still be times when it is helpful to deliberately work through each one to ensure a good choice is made.

Another element of learning to prescribe is to watch how established practitioners approach it, and to ask why they have selected a particular treatment regimen. This can give insight into the prescribing process, but be careful to consider their choice critically.

Be wary about drug information, particularly if supplied by the manufacturer for marketing purposes. Where possible, seek out unbiased data.

Further Reading

De Vries TPG, Henning RH, Hogerzeil HV, Fresle DA. (1994) *Guide to Good Prescribing: A Practical Manual*. World Health Organization, Geneva.