Measuring prevalence, reliability and variation in high-risk prescribing in general practice using multilevel modelling of observational data in a population database

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Plain English summary

High-risk prescribing in general practice

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Plain English summary

■ I igh-risk prescribing is the prescribing of drugs to people particularly vulnerable to side effects of those $lue{\mathsf{I}}$ drugs because of their age, the conditions they have or other drugs they are taking. High-risk prescribing is not always inappropriate because in some people the expected benefits will outweigh the potential risks. The study found that high-risk prescribing is common and that both practices and general practitioners (GPs) vary significantly in how often they start high-risk prescriptions of anti-inflammatory painkillers such as ibuprofen. There is more variation between GPs than between practices, suggesting that decisions to start high-risk anti-inflammatory painkillers are largely determined by individual GP decisions rather than the way the practice is organised. However, high-risk prescribing at GP level cannot be easily measured using existing electronic data and it is not possible to identify GPs with above average high-risk prescribing by targeting practices with above average high-risk prescribing. Between 2004 and 2009, high-risk prescribing, measured using 17 indicators, fell from use in about 1 in 12 people particularly vulnerable to drug side effects to use in about 1 in 20, but this was largely because of falling use of anti-inflammatory painkillers in these people rather than because all types of high-risk prescribing reduced. The main implication of the study is that prescribing safety improvement is likely to be better implemented in all practices rather than trying to target practices or GPs with above average high-risk prescribing. Research is needed to better understand why high-risk prescribing varies so much and to develop and evaluate ways of improving it.

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