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## Fewer Bad Prescriptions Better for Patients and Healthcare System

Manitoba doctors are providing safer, more appropriate care to patients with mental-health conditions, thanks to an experimental program directed at physicians' prescribing behaviours. Called IMPR<sub>x</sub>OVE for "Improving Medication Prescribing and Outcomes Via Medical Education," the program provides educational feedback by mail to doctors when one of their prescriptions might be inappropriate. The program included over 1,100 family doctors, psychiatrists, and pediatricians over two years. It is the first of its kind in a public healthcare setting like Canada's.

The Manitoba Centre for Health Policy undertook a rigorous evaluation of IMPR<sub>X</sub>OVE to test whether doctors changed their prescriptions in response to the letters. Using comparison groups, MCHP found that doctors who received educational packages significantly reduced potentially inappropriate prescribing for sleeping pills and benzodiazepines, a type of sedative medication that includes Valium-like drugs. These are commonly prescribed for many conditions, so a reduction in their inappropriate use is good news for the health of Manitobans.

"While these medications are valuable and helpful when used judiciously," says Murray Enns, one of the study authors, "there can be significant hazards, particularly when patients receive multiple medications, high doses, or when advancing age increases the risks. These risks include accidents and confusion, especially among the elderly. Benzodiazepines are also potentially habit-forming, and a small group of patients may abuse them."

Manitoba benefits from a centralized database that records prescription data from community pharmacies. When a potentially unsafe pattern is identified, a letter is sent to the doctor that summarizes current medical evidence related to the case. It is up to the doctor to decide whether his or her decision was appropriate given the circumstances, or, where the issue is not directly within the doctor's control, to discuss it with the patient.

Fewer inappropriate prescribing patterns will result in fewer adverse events, and, in turn, reduce the burden on the healthcare system, including emergency rooms and the prescribing doctors themselves.

MCHP's evaluation results will inform how IMPR<sub>X</sub>OVE continues to be administered, making it more effective by changing or adding medications or prescribing patterns included in the program. The success of this pilot program in Manitoba will help direct how other provinces look to improve the prescribing practices of their doctors.

The full report can be downloaded from the MCHP website at: umanitoba.ca/medicine/units/mchp

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