

Q1 LK is a 42 yo female with taking venlafaxine 75 mg for depression. She has been taking the medication for about 6 months and has run out of refills. The prescription was originally started with a physician from virtual care as she does not have a family doctor. She indicates that the medication has helped improve her physical symptoms but she still feels down, sometimes has difficulty concentrating and still doesn't take pleasure in activities that she used to enjoy. She denies any thoughts of self-harm. The rest of her medical background is unremarkable. She has tolerated the medication after initial GI discomfort and takes it regularly. When faced with a renewal how should a pharmacist respond? Your pharmacy is not involved in the Bloom Program.

Answered: 27 Skipped: 0

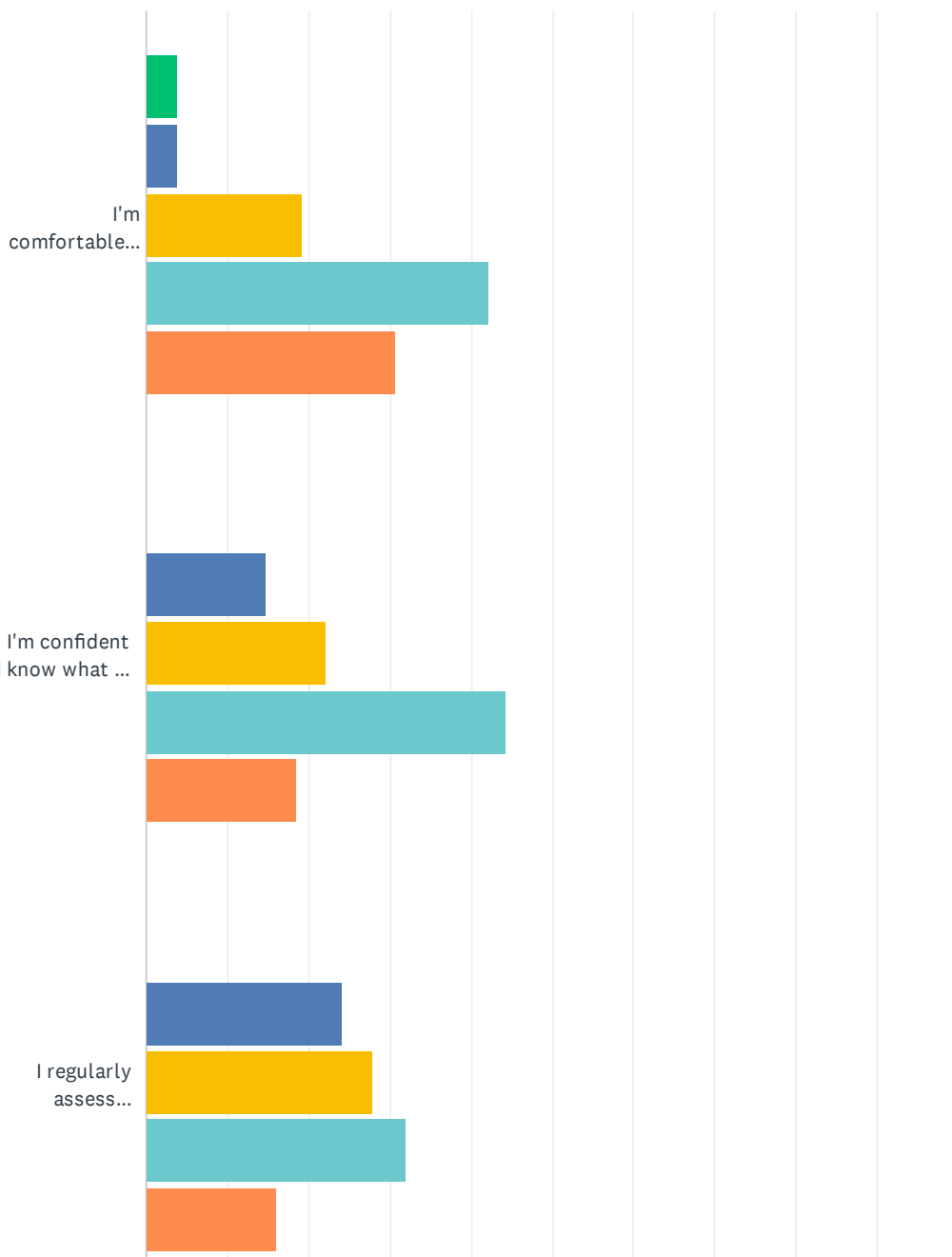
Panel of Peers Survey - Sep 28, 2023

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Renew as before for another 6 months.	12.50% 3	25.00% 6	62.50% 15	24
Renew for 2 months and refer to virtual care for reassessment.	37.50% 9	45.83% 11	16.67% 4	24
Renew for 2 months and refer to a Bloom pharmacy.	48.00% 12	48.00% 12	4.00% 1	25
Renew the medication and adapt the dose to 112.5 mg.	60.87% 14	21.74% 5	17.39% 4	23
Renew the medication but substitute to another antidepressant (and taper the venlafaxine).	4.17% 1	25.00% 6	70.83% 17	24

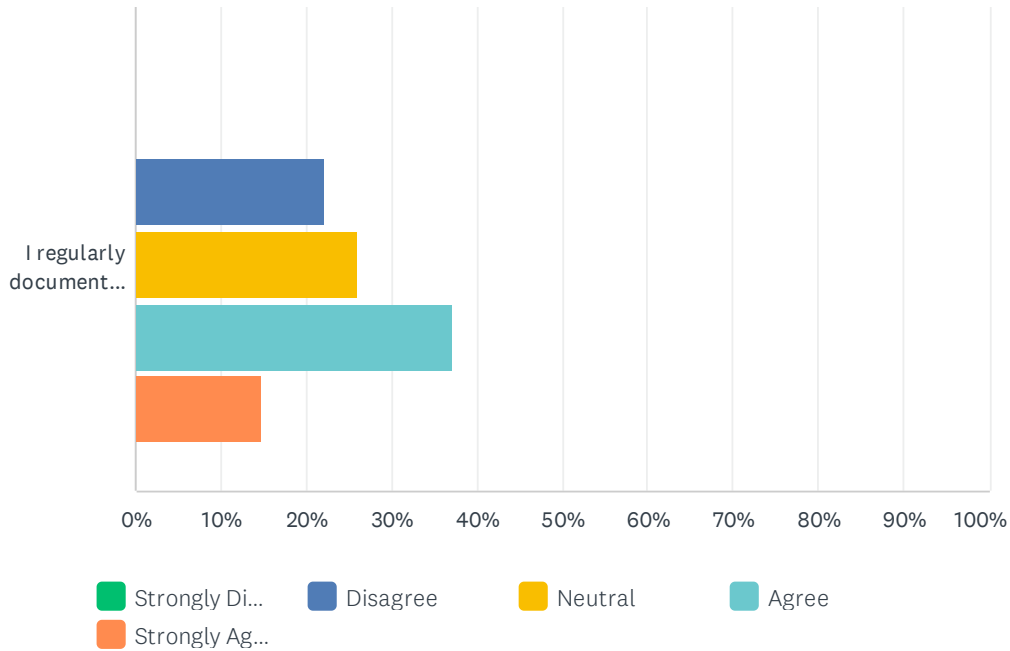
#	COMMENT (OPTIONAL)	DATE
1	6 months should be more than enough time for therapeutic effect, dose increase would be my first choice, why make the patient suffer another 2 months	10/3/2023 7:59 PM
2	Consent for the increase would need to be obtained before actually increasing therapy	9/28/2023 8:42 PM

Q2 When assessing appropriateness of ongoing therapy, a pharmacist will check Control (Efficacy), Adverse Effects, Adherence and Complications (2 C's, 2 A's). This assessment process occurs when doing Chronic Disease Management, Advanced Medication Reviews and most often during Renewal Prescribing. Please indicate your agreement with each of the following regarding renewal prescribing for diabetes. In the comments box indicate what complications should be ruled out in a well-documented renewal assessment.

Answered: 27 Skipped: 0



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	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I'm comfortable prescribing renewals for diabetes.	3.85% 1	3.85% 1	19.23% 5	42.31% 11	30.77% 8	26	3.92
I'm confident I know what to assess for complications.	0.00% 0	14.81% 4	22.22% 6	44.44% 12	18.52% 5	27	3.67
I regularly assess complications warranting referral during renewal prescribing.	0.00% 0	24.00% 6	28.00% 7	32.00% 8	16.00% 4	25	3.40
I regularly document complications warranting referral during renewal prescribing.	0.00% 0	22.22% 6	25.93% 7	37.04% 10	14.81% 4	27	3.44

#	COMPLICATIONS TO RULE OUT:	DATE
1	Acute illness, dehydration, alcohol use,	10/4/2023 1:49 PM
2	Metabolic symptoms, pancreatitis, gall bladder effects, GI AE's	10/4/2023 11:16 AM
3	Macro vascular: cardiac -cholesterol, hypertension, circulation in legs/feet Microvascular: kidney function, eye test, neuropathy. May not be able to assess those myself (like eye exam) but should ensure they have appropriate follow up with HCP	10/4/2023 4:56 AM
4	kidney impairment, diabetic neuropathy, UTIs,	10/3/2023 7:59 PM
5	kidney disease, diabetic neuropathy, eye disease	10/3/2023 1:43 PM
6	side effects and declining eGFR	10/1/2023 8:55 AM
7	Hypoglycemic episodes, average sugar range, A1C in last year, vision changes, new or worsening nerve pain, missing preventative co-meds (ie, statin), patient not monitoring glucose	9/28/2023 8:46 PM
8	Neuropathy, visual acuity, weight changes, hypoglycaemia, compliance & economic status, meal planning, kidney status thru SHARE, cognition are all things I regularly assess	9/28/2023 8:43 PM

Q3 If you have a situation you would like included in a future survey please enter it below. Please make sure that none of the information provided could in any way identify possible patients or the pharmacy involved.

Answered: 0 Skipped: 27

#	RESPONSES	DATE
	There are no responses.	