

MUP Case 5 Key  
People and Purpose in Medication Use (Hugh Jorda)  
2003  
rev. Oct 6, 2003

## Objective

The **teaching** objectives of the case are (1) to explore perspectives on medications use and (2) *to review the elements of a pharmaceutical care system, especially as reflected in cases 1-4.*

The **clinical** objective (given in the case) is to support the management of Mr. Jorda's hypertension and his overall health/quality of life and to keep him as a customer of DeMann's pharmacy.

## Overall Grading

1. The case carries a total of 30 points possible. Grading should reflect . . .
  - a. Answers to specific questions ( total of 23 points possible)
  - b. Overall quality ( total of 2 points possible)
    - i. How well a report reflects the objectives (above)
    - ii. Appropriate priorities
    - iii. Strategies that apply the content of the course to Mr. J's problems.
    - iv. Two key insights that are central to this case:
      - (1) The *interaction* of various medical and drug related problems.
      - (2) The low probability that Mr. J's hypertension can be controlled without his cooperation and the additional care (education, physical training, dietetic services) that this may require.
  - c. Spelling, grammar, clarity, organization (total of 5 points possible)
2. When in doubt about a fine point of terminology or theory, be generous if the student is using an important concept correctly to help the patient. (This does *not* mean you should give credit if a student gives good advice for an incorrect reason!)
3. Recall that reports do not have to answer questions serially but the report must make it clear which text refers to which question. For example, the report can contain a POMR with SOAP notes, within which DTPs are identified and described.

## Specific Grading

1. **List all important DTPs. Are they actual or potential? Explain. Classify the DTPs as Access, Effectiveness, or Safety problems. Explain.**

**0-3 POINTS.**

**ONE POINT FOR EACH DTP CORRECTLY DESCRIBED: CORRECT DTP, CORRECT CATEGORIES AND REASONABLE EXPLANATION. ADD ZERO IF A DESCRIPTION OF A DTP CONTAINS SIGNIFICANT ERROR E.G., SAYING AN ACTUAL DTP IS POTENTIAL. ADD A FRACTION OF A POINT FOR A NEARLY CORRECT ANSWER AT YOUR DISCRETION**  
**DEDUCT ONE POINT FOR PROBLEMS THAT ARE NOT DTPS, TO A MINIMUM OF ZERO. SEE NOTE e BELOW**

Actual DTPs:

a) Uncontrolled hypertension (HT).

The manifestation is elevated blood pressure. Although his blood pressure came down since he started taking Atenolol, he still is not achieving the desired therapeutic effect. This is effectiveness (too little of correct drug).

Atenolol Adherence: (AA) This can be phrased as compliance or adherence. Its not wrong to say that this is an access problem if the report points out that Jorda evidently does not understand the significance of the atenolol or his HT.

b) Knee pain (KP)

The manifestation is the pain. This could be either described as an effectiveness problem (the Ibuprofen he is taking is not working for him) or as an access issue since he is not receiving a prescription for a valid indication.

c) Atenolol side effect. (ASE)

Mr. Jorda reports that the Atenolol is making him tired. This would be a safety DTP.

d. Obesity, smoking, diet, drinking are very important in managing Mr. J's case. They are medical problems. They are quite useful for answering Question 3 and should appear in the problem list of Question 5 (SOATPF).

It is debatable whether they are DTP's (Technically, they are not. They meet half of the definition, i.e., they are circumstances that may make therapeutic objectives unlikely. They are not clearly a result of drug therapy or non-treatment, however). Don't deduct points if the report suggests that obesity or smoking is treatable with drug therapy so one of these is an "untreated indication."

*Obesity: BMI 32.1 kg/m<sup>2</sup>, IBW (180-203 lbs.)*

→ SEE SOATPF

*Drinking*

→ SEE SOATPF

*Smoking*

e. *Potential DTP:*

NSAID - Atenolol interaction on blood pressure. ONE POINT IF CORRECTLY IDENTIFIED. DO NOT DEDUCT POINTS IF OMITTED.

**2. List and briefly describe any/all DRMs.**

**0-1 POINT**

No DRMs. His knee pain, as described, is a nuisance but not a DRM as defined (not an “injury,” and not caused by drug therapy or untreated indication.)

**3. Which of the five principles of medications management have been significantly violated in Mr. Jorda’s case? Briefly explain the significance of the principle(s) you chose.**

**0-3 POINTS**

**IN MY OPINION, PRINCIPLE 4 IS CENTRAL TO THIS CASE, AS DESCRIBED BELOW, BUT THE REPORT MUST EXPLAIN CONNECTIONS. TWO MORE PRINCIPLES (1 AND 2) SEEM RELEVANT. PRINCIPLES 3 AND 5 SEEM LEAST RELEVANT TO THIS CASE. JUDGE ANSWERS ON HOW WELL A REPORT USES CONCEPTS OF COURSE. DO NOT AWARD 1 POINT PER PRINCIPLE.**

**A. Review of Principles Involved**

*Principle 1. Patient Needs Timely, Accurate Response to Signs and Symptoms.*

A problem list is very helpful here, as was demonstrated in Case 3.

**HT:** Evidently the prescriptions for atenolol represent Dr. T’s response to Mr. J’s HT.

**ASE:** increasing dose of atenolol may be inappropriate response to this problem. Of course, Dr. T may not know about the ASE if Mr. J did not tell him.

**AA:** increasing dose of atenolol may be inappropriate response to this problem. Of course, Dr. T may not know about the AA if Mr. J did not tell him.

**KP:** Dr. T has not responded to Mr. J’s KP (because Mr. J has concealed it, see Principle 3.)

**Obesity:** Dr. T seems to have responded to obesity either directly or as it relates to HT.

**Smoking:** no apparent response

**Drinking:** no apparent response

*Principle 2, Patient Needs access to safe and cost-effective medication* His atenolol is a safe and cost effective but Mr. J is not using it correctly, presumably because he does not understand the significance of his HT and its management with atenolol. It is always possible to claim that Mr. J just does not care about himself but (IMHO) this is a cartoon. More likely, he does not understand the significance of his HT, obesity and smoking. He may need medications (OTC or Rx) for his knee pain and smoking.

*Principle 3. Patients need planned professional followup*

Personally, I do not feel that this principle is as important as some others in the case, e.g., #4. True, he has been noncompliant with diet, exercise, and meds and weight change would be observable on followup. But Dr. T is following his HT, and Mr. J is deceiving Dr. T .

*Principle 4. Patients need cooperation with and among health professionals.*

In my theory of this case (which is not the only reasonable one) this is a key issue. I can barely imagine an acceptable report that did not emphasize the issues of cooperation.

- a. Mr. J does not appear to be participating in his care. He isn't adhering to the diet and exercise regimen. He is misleading Dr. T. by claiming he is following the diet and exercise plan, and he didn't tell Dr. T about his knee problem that is affecting his activity level.
- b. Professional cooperation will probably be essential. Increasing the dose of atenolol seems to be the wrong direction and the pharmacist possesses key information about Mr. J. Further, Mr. J. may need referrals to professionals who can help him understand the significance of his "picture" of obesity, smoking and HT, and how to change it.

*Principle 5. Patients need a drug therapy system.*

I think its fair to say that Mr. J has not been receiving systematic care as described by the TOM model, but other principles have primary (more direct) relevance. Students are not responsible at this point for understanding the organizational and environmental levels.

B. These principles interact. For example, Mr. J's non-cooperation affects response and access.

**0-1 POINT**

**4. a. Which type of patient/professional relationship do you think exists between Hugh Jorda and Dr. Tazidime? Justify your assessment in terms of values, beliefs, and judgement.**

**0-2 POINTS**

The relationship appears to be paternalistic, based on Mr. J.'s lack of cooperation and "escape" or "avoidance" behavior. Mr J's hesitation to tell the physician about his pain and non adherence supports the notion that he is acting like a child who has done something bad and is hiding it from a parent for fear of being judged, ridiculed or punished. (Be aware of the possibility that J's behavior may actually seem reasonable to some students if they or their friends are still in paternalistic family or student-teacher relationships.)

We cannot really know the answer, however, without a lot more information about how Dr. T

and Mr. J. interact. Therefore please judge the answers based on the quality of the report's discussion of *values, beliefs and judgement* rather than the "answer." That is, the answer is in part only a vehicle for the explanation. Table 4.4 should help you grade this:

Table 4.4 Three Basic Relationships			
	Paternal	Consumerist	Therapeutic
Whose Values?	professional's	patient's	patient's
Whose Beliefs?	professional's	patient's	professional's
Whose judgement?	professional's	patient's or shared	shared

a. **Values:** A relationship that allows professional values to dominate is paternalistic. Mr. J values his job and his social life. Dr. T would value clinical control of HT. Dr. T prescribed a regimen of medication, diet and exercise that reflects his (clinical) values but which ignores Mr. J's quality of life (QoL) values. Mr J. does not accept the regimen as compatible with his, QoL, i.e., the values he attaches to his lifestyle.

b. **Beliefs:** A relationship that allows patient belief to dominate is consumerist. This dimension may not be as useful as the others for understanding the relationship in this case. On the surface, Mr. J's beliefs seem to be accurate (i.e. consistent with Dr. T's) but one has to question whether he really believes that he has serious disease or really believes that the regimen is necessary.

c. **Judgement.** A relationship in which the professional's judgement dominates is paternalistic. However, outpatients have to use judgement every day. A relationship in which patient judgement rules is consumerist. In this case, the regimen reflects (poor) professional judgement (IMHO) and seems to have ignored patient judgement, which would explain the inappropriate behavior and lack of effective cooperation.

**b. Give an example of how this relationship may influence Mr. Jorda's care and how a more effective relationship could improve his care.**

**0-2 POINTS**

In a therapeutic relationship, the physician would have discovered what is important to Mr. J. and attempted to address how he could adhere to the regimen while maintaining quality of life, e.g., job and social life; would have discovered whether J's job as a beer truck driver is physically demanding; and would have arranged instruction in appropriate forms of exercise. Also, he would have addressed Mr. J's (mis?)conceptions about atenolol and HT. Mr. J might then be more inclined to discuss his problems with Dr. T. rather than conceal them. Then the two of them could address the problems and try to find solutions to improve Mr. Jorda's care. For starters Mr. Jorda would probably get a prescription for his arthritic knee and

learn some diet and exercise strategies. His QoL could improve rapidly. This might act as “positive reinforcement” of cooperation, and increase it over time.

**5. Think through each of steps 1-5 in the TOM model of pharmaceutical care as they pertain to this particular case. Write down main points for each step. Now, using the information from that review, place the information about Mr. Jorda into a problem list and the SOATP-F format.**

**NOTE WHAT IS REQUIRED HERE. REPORT DOES NOT HAVE TO DESCRIBE EACH STEP IN THE TOM PROCESS. QUESTION ASKS FOR MAIN POINTS IN A PROBLEM LIST AND SOATPF FORMAT. 0-6 POINTS (1 EACH FOR ACCEPTABLE PROBLEM LIST, DATA, ASSESSMENT, THERAPEUTIC OBJECTIVE, PLAN, FOLLOWUP)**

*Steps in the TOM Process – See the Instructor’s Commentary for Case 5*

*The following is an example of an “A” response.*

Problem list:

**HT** (undertreated, complicated by noncompliance)

**KP** (undertreated)

Ibuprofen use (potential over/underuse, we need to know how much he is taking)

**Obesity**

**Smoking** (Mr. J mentions cigars; we need to know how often and whether he also smokes cigarettes)

**Drinking** (How often, how much?)

Additional Info:

OTC Meds

Whether Mr. Jorda was recently checked for Diabetes and/or Hyperlipidemia.

How Mr. Jorda thinks about his HT and body weight, most of all, what he wants to achieve through drug therapy.

SOATPF (Two Soaps, Obesity/HTN and Knee pain)

**Subjective:** knee pain

**Objective:** HT, noncompliance

**Assessment:** Mr. Jorda is somewhat motivated to further reduce his blood pressure but has not been able to find a diet and exercise regimen that is compatible with the rest of his life. May benefit from help/advice about how to substitute more appropriate foods and find an exercise regimen he can tolerate. Needs encouragement to seek more workable solutions and to disclose

his problems to his doctor. Untreated knee pain interferes with his life and should be addressed.

**Therapeutic Objective:** decrease blood pressure (qualitative measure and time interval needed), increase compliance with Atenolol, *(possibly to change HTN drug)* increase compliance with diet & exercise; address knee pain (symptomatic relief and medical diagnosis)

**Therapeutic Plan:** See question #6. Ask Mr. Jorda if he is willing to disclose facts about his diet and knee pain to Dr. Tazidime (see above). If he will, Dr. Tazidime will provide care, referrals, etc. If he is unwilling to disclose this information, recommend referral to dietician and exercise physiologist or health club.

**Followup Plan** Call him in a week about his pain, compliance and exercise routine; at next refill visit check how is doing with his diet.

**6** *As Hugh Jorda's pharmacist, what do you think you should do to assist him? Make a plan, keeping in mind Dr. Tazidime's therapeutic goals and Hugh Jorda's wishes.*

**0-3 POINTS. ANSWER MUST BE CONSISTENT WITH ANSWERS TO ITEM 1 (DTPs) AND ITEM 3 (PRINCIPLES). TO GET 2 POINTS, AN ANSWER MUST ADDRESS MORE THAN 1 ISSUE ( E.G., MORE THAN THE ATENOLOL SIDE EFFECT). TO GET 3 POINTS, AN OTHERWISE GOOD ANSWER MUST ALSO SOMEHOW RECOGNIZE RELATIONSHIPS AMONG THE ISSUES, E.G., DIET AND EXERCISE; COOPERATION AND EDUCATION; COOPERATION, NEGOTIATION AND COMPLIANCE. THE FOLLOWING IS BUT ONE EXAMPLE.**

- A. Ask Mr. J. For permission to discuss his situation with Dr. T.
- i. If he agrees,
    - (1) Mention the KP and recommend treatment. (Exercise involving legs is important for control of weight and HT.)
    - (2) Recommend continued trial of original atenolol dose or a switch to another HT agent
    - (3) Recommend referrals to a diet educator, health club
  - ii. If he demurs,
    - (1) Explain to Mr. J. Why exercise is important but that he cannot ignore KP
    - (2) Encourage him to inform Dr. T about KP and other problems with regimen (atenolol side effects, diet, lifestyle, exercise).
    - (3) Inform Mr. J. (without scare tactics) about the dangers of untreated HT, high BMI.
    - (4) Mention possibility of adjusting his diet and exercise regimen to his living arrangements. Recommend diet educator, health club.
  - iii. Consider a diet and exercise diary, weekly weights. Keep in mind that it is Mr. Jorda's decision to act but be persistent in your advice.

**7.** *Do you feel you are morally, professionally, and legally obligated to counsel Mr. Jorda? Why or why not? Defend your answer.*

**0-2 POINTS. THIS QUESTION CANNOT BE GRADED AS RIGHT OR WRONG BUT RATHER SHOULD BE JUDGED ON THE QUALITY OF THE EXPLANATION. ANSWER DOES NOT HAVE TO BE “YES” BUT SHOULD REFLECT SOME RECOGNITION THAT A PHARMACIST HAS MORE RESPONSIBILITY THAN AN ORDINARY SMALL BUSINESSMAN.**

**POTENTIAL ANSWERS:**

a. No. The pharmacist is bound by the laws of Florida and the regulations of the Board of Pharmacy – these include an offer to counsel but not to become a co-therapist as defined in this course, discuss exercise and diet advice (etc.) Although pharmacists may be legally obliged to act when they see toxic doses, major errors, etc. they are not obliged to spend time on problems like Mr. J.’s.

b. No. The “system,” as represented by Managed Care (some court decisions, etc.) has decided that pharmacists are vendors of products. This “system” evidently does not want pharmacists to be co-therapists, else it would pay for it (develop a judicial standard, etc). Although pharmacists may be legally obliged to act when they see toxic doses, major errors, etc. the doctor is the one obliged to spend time on problems like Mr. J.’s.

c. Yes. The given objective, “to support the management of Mr. Jorda’s hypertension and his overall health/quality of life and to keep him as a customer of DeMann’s pharmacy.” If pharmacists have the capacity to improve his QoL, then the objective of the case requires the student to care of Mr. Jorda. Also, the service may bond him as a customer and could be lucrative. (This is not obligation, however)

d. Yes, because of the pharmacists’ oath and on the APhA Code of Ethics. They are framed in the principle of beneficence, which obliges a professional to do no harm, to prevent harm, remove harm, and to do good. Patients have a right to expect this from health professionals.

e. Yes. By disclosing what he did to the pharmacist, Mr. J may be expressing concern, requesting care, and offering cooperation (or at least information) which he was not offering Dr. Tazidime. This in itself might infer some obligation to counsel Mr. Jorda.

f. Yes. A pharmacist is not a business person in the normal sense because he has a unique position in society. A pharmacist has received an exclusive education (only health professions students are permitted to attend bedside, clinical rounds, etc.) This education was (in all likelihood) subsidized with public money. Pharmacists receive privileges (high salary and autonomy) not granted to lay workers. He owes each patient the full measure of care.

**Recommended Resources**

For additional help with grading, see Chapters 1-4, 8 and 10 in PME-IDO