# Check before deciding

Many people take medicines regularly for months or even years. If their condition worsens or a new health problem develops, other medicines are often added. When prescribing, advising, dispensing or administering an additional drug, it is essential to consider the adverse effects that could result from interactions with the patient's current medications.

The risks associated with adding or discontinuing a drug must be addressed rationally. But how? The approach proposed by Prescrire for monitoring HIV-infected patients, whose health depends on the efficacy of antiretroviral therapy, is a model that can be applied to other clinical situations (see "Patients living with HIV. Monitoring antiretroviral therapy in the primary care setting" *Rev Prescrire* February 2024, in French).

For example:

– Set treatment priorities to determine whether a less burdensome treatment could be proposed and thus reduce the risk of interactions, by identifying drugs that could be stopped temporarily or even permanently without any major negative consequences.

– Identify combinations that might reduce the efficacy of a crucial drug through pharmacokinetic interactions or antagonistic effects.

– Check that the addition or removal of a drug will not increase the risk of a previously tolerable adverse effect developing into a serious event, or will not require discontinuation of a crucial treatment.

– Use the drugs' adverse effect profiles and knowledge of their potential additive effects to determine which parameters could be usefully monitored through additional clinical examinations or diagnostic investigations.

– Replace one drug with another that has similar efficacy, but causes fewer serious problems.

– Pay particular attention to drugs with a narrow therapeutic index, for which the effective dose is close to the toxic dose, where even a small increase or decrease in the drug's concentration in the blood could be dangerous.

Managing drug interactions is not as simple as green light means go, red light means no. Nor should their complexity cause us to bury our head in the sand. We manage them by incorporating clinical pharmacology into healthcare decisions. By taking a few minutes to check certain information about each of the drugs we are considering combining, before deciding to do so.

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