

OET Case Notes

Pharmacy · Proficient · Referral letter · to General Practitioner

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Pharmacy — Referral to GP for Polypharmacy Review in an Elderly Patient

THE CASE NOTES

Patient: Mr Harold Barker, 81 years old; annual MUR (Medication Use Review) conducted today

Medication list (12 items): Aspirin 75 mg, bisoprolol 5 mg, amlodipine 5 mg, ramipril 5 mg, furosemide 40 mg, spironolactone 25 mg, atorvastatin 40 mg, omeprazole 20 mg (since 2019, original indication not documented), ibuprofen 400 mg TDS (ongoing for knee OA, self-purchased), co-codamol 30/500 (prescribed), metformin 500 mg, gliclazide 80 mg

Renal concern: eGFR 38 (last 3 months: eGFR was 51 then 44); decline correlating with ibuprofen use; ramipril and metformin both renal-dose sensitive

Duplicate concern: Bisoprolol prescribed for rate control in AF; also listed under heart failure — one indication, but documented separately by two prescribers; risk of double-dose if repeat prescriptions are not co-ordinated

Omeprazole concern: Started 2019 — no documented indication; patient cannot recall why; not on ibuprofen at the time of initiation

Reported side effects: Muscle aching for 6 weeks — not yet reported to GP; taking atorvastatin (myopathy risk)

Not a concern (stable): Aspirin, amlodipine, furosemide, spironolactone, gliclazide — all within appropriate dose ranges, no recent changes

Task: Write a referral letter to the GP, Dr Claire Forde, identifying the three most clinically important medication concerns and requesting a structured review.

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WHAT TO INCLUDE

- + **The ibuprofen-related eGFR decline and the downstream risk to ramipril and metformin dosing**
The highest-priority concern: ongoing NSAID use in an 81-year-old with declining eGFR and two renal-sensitive medicines is an acute patient-safety risk, not a routine review item.
- + **Six weeks of muscle aching on atorvastatin — not yet reported to GP**
New, unreported symptom with a known association to the statin. The GP does not know about this; the pharmacist's report is the only route to action.
- + **Omeprazole without a documented indication since 2019**
Long-term PPI without indication is a deprescribing opportunity. It earns its place because it is an actionable finding from the review — not a chronic stable medication.

WHAT TO LEAVE OUT

- **Aspirin, amlodipine, furosemide, spironolactone and gliclazide**
Documented as stable with appropriate doses. Listing all twelve medications wastes the word count and buries the three concerns. The GP holds the full medication record.
- **Detailed pharmacological explanation of statin myopathy**
State that muscle aching is a recognised side effect of statins and that CK testing may be warranted; one line. The GP knows the mechanism.

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CRITERION IN FOCUS · CONCISENESS & CLARITY

A polypharmacy referral letter is won or lost on prioritisation. With twelve medications and five potential observations, the proficient task is to select the three that require GP action now, state them in order of urgency, and cut the rest. A letter that lists every medication fails Conciseness & Clarity even if every fact is accurate.

Write this letter, then get it marked at oetwritingcorrection.com/oet-writing-services

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