

## Short Course Medicines

While many medications are used long term to control a chronic condition, certain medicines are intended for use short term to treat acute illness such as infection, deficiencies or flares of chronic conditions. When these medicines are prescribed, a duration frequency or review date should be indicated by the prescriber. When administering these medicines, it is useful to recognise medicines that are indicated for short term use. Medicines that are continued where there is no clinical need increase the number of medicines a patient has to take and can result in unnecessary side effects and interactions.

### What to do

- When these medicines are first prescribed, a review date should be identified
- If there is no review date or indication of course length, this should be highlighted to the prescriber
- Where these medicines have already been prescribed and have not been correctly followed up or stopped, the prescriber should be informed and the prescription reviewed as soon as possible

Examples of medicines which may need review are indicated below. The BNF can be used to identify a specific medicine within each of the categories listed below. This list is not exhaustive but can be used as a guide.

Medication	Reason
<ul style="list-style-type: none"> <li>• <b>Antibiotics e.g. co-amoxiclav, clarithromycin, trimethoprim</b></li> <li>• <b>Antifungals e.g. clotrimazole, fluconazole( oral and topical)</b></li> <li>• <b>Antivirals e.g. aciclovir</b></li> </ul>	<p>These medicines are usually only required to treat infection and duration of treatment is typically short, being a number of days. Prolonged treatment in a patient who is well can result in antimicrobial resistance. These medicines come in a number of formulations including tablets, capsules, oral solutions, creams, ointments and eye/ear drops.</p>
<p><b>Vitamins, minerals, electrolytes</b> e.g. <b>Sando-K, Magnesium, InVita D3</b></p>	<p>When a patient is acutely deficient in a particular element, supplements may be prescribed to replenish natural stores. Once a patient is back in the normal physiological range, treatment should be reviewed and stopped when appropriate.</p>
<p><b>Topical Corticosteroids</b> e.g. <b>hydrocortisone, clobetasone, betamethasone, mometasone</b></p>	<p>These medicines are generally used for 1-2 weeks. Prolonged use is not routinely recommended due to side-effects affecting the skin and possible systemic absorption.</p>
<p><b>Laxatives, anti-diarrhoeal, anti-sickness</b></p>	<p>These medicines may need assessing for clinical need based on the patient's symptoms. If a patient routinely refuses these medicines, it may be more appropriate to inform the prescriber who could stop it or change it to a 'when required' medicine</p>

### Medicines prescribed 'as directed'

Prescribers may write up a medication to be used 'as directed' or 'MDU' where the dose varies depending on the disease state or affected area(s). Examples include topical products such as creams, ointments, or eye drops and with certain inhalers such as salbutamol. The prescriber should be contacted for further information on the frequency and directions for these medications where there is any uncertainty.