

High Risk Prescribing Report	Risk	Recommended Action
1. Older person (≥75yrs) prescribed oral antipsychotic	Potential for significant harm with only small benefits on behavioural disturbance in dementia	Prescribing of antipsychotics for behavioural disturbance in people with dementia should be reviewed regularly and prescribing stopped by phased withdrawal wherever possible.
2. Older person (≥65yrs) prescribed ACEI/ARB and diuretic and NSAID	Increased risk of acute renal failure and death, particularly in those with chronic kidney disease or heart failure	Avoid the NSAID where possible. Undertake regular review where NSAID prescribing continues.
3. Older person (≥75yrs) prescribed NSAID without gastroprotection	10-fold increased risk of gastro-intestinal bleeding, compared to NSAID use in middle age	Avoid the NSAID where possible. Undertake regular review where NSAID prescribing continues. Consider use of gastro-protection.
4. Older person (≥65yrs) prescribed antiplatelet and NSAID without gastroprotection	8-fold increased risk of gastro-intestinal bleeding, compared to aspirin alone	Avoid combination (unless clearly recommended by a specialist, ideally with a clear indication of the duration of co-prescribing). Consider use of gastro-protection.
5. Person prescribed oral anticoagulant and NSAID without gastroprotection	3 to 8-fold increased risk of gastro-intestinal bleeding, compared to aspirin alone	Avoid combination (unless clearly recommended by a specialist, ideally with a clear indication of the duration of co-prescribing). Consider use of gastro-protection.
6. Person prescribed oral anticoagulant and antiplatelet without gastroprotection	4 to 10-fold increased risk of gastro-intestinal bleeding, compared to warfarin alone	Avoid combination (unless clearly recommended by a specialist, ideally with a clear indication of the duration of co-prescribing). Consider use of gastro-protection.