Mr T is a delightful 69 year-old gentleman who presented to hospital following his second stroke. I was fortunate enough to meet him whilst I was working on the Assessment, Treatment & Rehabilitation Ward at Hawkes Bay DHB. He was changed from Dabigatran to Warfarin during this admission.

I thought Mr T would benefit from this assignment. When providing Warfarin education, I identified he had a lower health literacy level than what was assumed by my colleagues. Many commented they didn't think Mr T would require much pharmacist input, quoting that his wife was a nurse, and "They are really on to it!"

Medical Conditions	Medications prescribed on discharge
• Paroxysmal Atrial Fibrillation (pAF) – Extensive history of hospital admissions, with a successful cardiac ablation in 2017. • Ischaemic stroke • Hypertension • Indigestion • Left hydronephrosis (CrCl ~50ml/min) • Trochanteric bursitis	• Warfarin 5-6mg daily • Losartan 25mg daily • Atorvastatin 10mg daily • Omeprazole 20mg twice daily • Sertraline 50mg daily

My first home visit with Mr T revealed a stockpile of Dabigatran in his medication cupboard, along with Diclofenac and Turmeric for his hip pain secondary to trochanteric bursitis.

Mr T admitted he didn't understand the rationale for Dabigatran prior to his second stroke. He thought he was only at risk of blood clotting if he could physically feel his heart in his chest. Therefore, he had never taken Dabigatran consistently following his successful cardiac ablation. He did not realize the association between pAF and stroke. Additionally, Mr T did not fully understand the role of his other preventative medicines, Atorvastatin and Losartan. He also admitted to taking his Omeprazole daily instead of twice daily.

Taking into account Mr T's poor adherence to Dabigatran, a switch to Warfarin was the most appropriate choice of anticoagulant for Mr T. His adherence to Warfarin could be objectively monitored through INR readings, which isn't possible with Dabigatran or Rivaroxaban.

The focus of my second home visit was to provide health information tailored to Mr T's level of health literacy. I re-explained the rationale for Warfarin in the context of pAF and stroke prevention. I addressed that Turmeric and Diclofenac could increase Mr T's bleeding risk on Warfarin. I encouraged Mr T to take Paracetamol regularly instead and to speak with his GP if his pain was not well controlled. I explained his other medicines in the context of stroke prevention.

During our first interview, Mr T shared his issues with a lack of intimacy with his wife since his first stroke in 2018. This was something important to his overall wellbeing, but he hadn't felt comfortable discussing with his GP. Mr T understood this issue for

him was multifactorial and challenging to address. Mr T had a fear of “dying on the job” due to his pAF and cerebrovascular disease. Additionally, his advancing age, Green Light Laser PVP for his enlarged prostate, and Sertraline were also likely contributors. I provided information on intercourse post-stroke and provided reassurance.

Sertraline was started for low mood in 2018 following his initial stroke. Mr T felt he had regained a lot of independence since this and may no longer require an antidepressant. Therefore, I recommended his GP consider a dose reduction or discontinuation of Sertraline.

Recommendations for his GP included increasing the Atorvastatin dose to 20mg daily, and to reduce Omeprazole to 20mg daily to reflect how Mr T took it at home. I also recommended carrying out an Mg2+ level as Mr T was suffering from muscle cramps, potentially related to Omeprazole. I suggested enrolling Mr T into CPAMS, as I believed regular engagement with a pharmacist would be beneficial.

I am very grateful to have had the opportunity to meet Mr T and his wife. This experience taught me the importance of avoiding making assumptions about patients, and being receptive to their level of health literacy. This assignment also highlighted the fundamental role pharmacists can play in educating their patients to optimise their health outcomes.