


Deprescribing: What do I need to know?



Ellen Fulp, PharmD, MSPC, BCGP
May 4, 2023

1


Objectives

Review & Understand	Learners will review and better understand medication appropriateness and deprescribing.
Discuss	Learners will review and discuss communication models aimed at improving effective deprescribing communication with patients and other clinicians.



2


Medication Appropriateness



Relatedness

Necessity


Deprescribing



3

Polypharmacy

- ◆ “The simultaneous use of multiple drugs to treat a single ailment or condition”
- ◆ Risk increases \geq five medications
- ◆ It is estimated that over half of Medicare beneficiaries receive at least five medications
- ◆ Adverse drug events, increased hospitalization, physical and cognitive decline, drug-drug interactions, falls, prescribing cascades




MICHIGAN ASSOCIATION FOR Home Care
JAMA Intern Med., 2015.

4

Medication Appropriateness

- ◆ Important factors for determining medication appropriateness:
 - ◆ Remaining life expectancy of patient
 - ◆ Time until therapeutic benefit of medication
 - ◆ Goals of care
 - ◆ Treatment target




MICHIGAN ASSOCIATION FOR Home Care
Clin Pharmacol Ther., 2009.

5

Deprescribing

- ◆ Planned and supervised
- ◆ Process of dose reduction or discontinuation of medications that are potentially harmful or are no longer necessary
- ◆ Should be considered as an essential part of “good prescribing”





MICHIGAN ASSOCIATION FOR Home Care
deprescribing.org

6

Polypharmacy


- ◆ “The simultaneous use of multiple drugs to treat a single ailment or condition”
- ◆ Risk increases \geq five medications
- ◆ It is estimated that over half of Medicare beneficiaries receive at least five medications
- ◆ Adverse drug events, increased hospitalization, physical and cognitive decline, drug-drug interactions, falls, prescribing cascades



7

Deprescribing: Barriers & Benefits


BARRIERS	BENEFITS
<ul style="list-style-type: none">• Clinician discomfort• Resistance from patients• Time expenditure• Drug withdrawal adverse effects• Lack of resources (i.e., clinical pharmacists, databases)	<ul style="list-style-type: none">• Reduce adverse drug reactions• Reduce pill burden• Reduce risk of morbidity and mortality• Improve quality of life



8

Tools


Anticholinergic Activity	Beers Criteria	Screening Tool of Older Person's Prescriptions (STOPP)
FORTA (Fit FOR The Aged)	Medication Appropriateness Index	CMS Endorsed NHPCO Relatedness Flow Chart



9

Deprescribing: Step-by-Step


- 1 • MEDICATION RECONCILIATION
- 2 • Recognize indication(s)
- 3 • Prioritize medication(s)
- 4 • Document approval
- 5 • Taper or discontinue medication(s) appropriately
- 6 • MONITOR the patient



10

Deprescribing: Step-by-Step

Phase 1	Phase 2	Phase 3
Medication Reconciliation	Medication Evaluation	Prioritization
Goals of Care	Utilize criteria/tools	Taper/discontinue
Patient Engagement	Shared decision making	Monitoring




Eu J Hosp Pharm 2017.

11

Adverse Withdrawal Events

- ◆ Significant set of signs or symptoms caused by the removal of a drug
- ◆ Often abbreviated ADWE to distinguish from adverse drug events (ADE)
- ◆ Commonly associated with: β -blockers, centrally acting sympatholytics, sedative hypnotics, opiates, tricyclic antidepressants, antipsychotics, stimulants and corticosteroids



12

Hospice: Medications to Reconsider

Anticoagulants	Antihypertensive Medications	Antiplatelets
Bisphosphonates	Cholinesterase Inhibitors	Diabetes Medications
Diuretics	Psychogenic Agents	Statins

MICHIGAN ASSOCIATION FOR Home Care

13

Communication



MICHIGAN ASSOCIATION FOR Home Care

14

Communication: Words Matter!

Individualized	Stop
Max benefit	Quit
Patient goals	Cheap
Decrease burden	<i>Don't</i>
Better	Non-covered

MICHIGAN ASSOCIATION FOR Home Care

15

Communication Tools

Ask Tell Ask

MICHIGAN ASSOCIATION FOR Home Care

16

Communication Tools

Build Understand Inform Listen Develop

NINPCO, 2020
Home Healthc. Nurse, 2013. Home Care

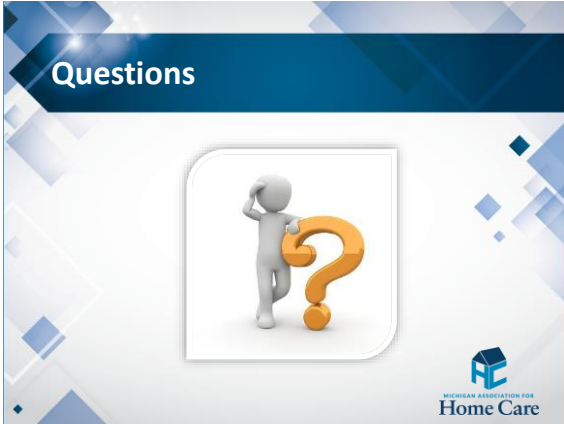
17

Communication Tools

- F** • Fortify trust
- R** • Recognize willingness or barriers
- A** • Align recommendations with goals of care
- M** • Manage cognitive dissonance
- E** • Empower patients and caregivers

MICHIGAN ASSOCIATION FOR Home Care

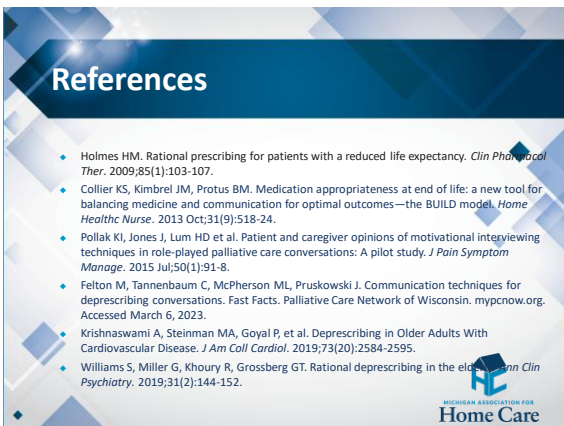
18



19




20



21

References


- www.deprescribing.org
- Cho-Reyes S, Celli B, Dembek C, et al. Inhalation technique errors with metered-dose inhalers among patients with obstructive lung diseases: a systematic review and meta-analysis of U.S. studies. *Chronic Obstr Pulm Dis*. 2019 Jul 24;6(3):267-280.
- Kunter JS, Blatchford PJ, Taylor DH, et al. Safety and benefit of discontinuing statin therapy in the setting of advanced, life-limiting illness: a randomized clinical trial. *JAMA Intern Med*. 2015; 175(5):691-700.
- Scott IA, Hillmer SN, Reeve E, et al. Reducing inappropriate polypharmacy: the process of deprescribing. *JAMA Intern Med* 2015; 175:827.
- Reeve E, Shakib S, Hendrix I, et al. Review of deprescribing processes and development of an evidence-based, patient-centred deprescribing process. *Br J Clin Pharmacol* 2014; 78:738.
- Scott I, Anderson K, Freeman C. Review of structured guides for deprescribing. *Eur J Hosp Pharm* 2017; 24:51.



22

References

- Sheppard JP, Burt J, Lown M, Temple E, Lowe R, Fraser R, Allen J, Ford GA, Heneghan C, Hobbs FDR, Jowett S, Kodabuckoo S, Little P, Mart J, Mollison J, Payne RA, Williams M, Yu LM, McManus RJ; OPTIMISE Investigators. Effect of Antihypertensive Medication Reduction vs Usual Care on Short-term Blood Pressure Control in Patients With Hypertension Aged 80 Years and Older: The OPTIMISE Randomized Clinical Trial. *JAMA*. 2020 May 26;323(20):2039-2051.
- Farrell BJ, Jeffs L, Irving H, McCarthy LM. Patient and provider perspectives on the development and resolution of prescribing cascades: a qualitative study. *BMC Geriatr*. 2020 Sep 25;20(1):368. doi: 10.1186/s12877-020-01774-7. PMID: 32977743; PMCID: PMC7519478.
- www.deprescribing.org
- National Hospice and Palliative Care Organization (NHPCO). Hospice Medication Deprescribing Toolkit. November 2020. Version 1.0. www.nhpc.org.
- ACCORD Study Group. Effects of intensive blood-pressure control in type 2 diabetes mellitus. *N Engl J Med*. 2010 Apr 29;362(17):1575-85.



23

References

- McNeil MJ, Kamal AH, Kutner JS, Ritchie CS, Abernethy AP. The burden of polypharmacy in patients near the end of life. *J Pain Symptom Manage*. 2016; 51(2), 178-183.
- Meyer-Junco L. Time to Deprescribe: A Time-Centric Model for Deprescribing at End of Life. *J Palliat Med*. 2021;24(2):273-284. doi:10.1089/jpm.2020.0430.
- Duncan I, Maxwell TL, Huynh N, Todd M. Polypharmacy, Medication Possession, and Deprescribing of Potentially Non-Beneficial Drugs in Hospice Patients. *Am J Hosp Palliat Care*. 2020;37(12):1076-1085. doi:10.1177/1049909120939091.
- Gardner E. Deprescribing in end-of-life care. *Br J Community Nurs*. 2019;24(10):474-477. doi:10.12968/bjcn.2019.24.10.474.
- Schenker Y, Park SY, Jeong K, et al. Associations Between Polypharmacy, Symptom Burden, and Quality of Life in Patients with Advanced, Life-Limiting Illness. *J Gen Intern Med*. 2019;34(4):559-566. doi:10.1007/s11606-019-04837-7.
- Todd A, Holmes HM. Recommendations to support deprescribing medications at the end of life. *Int J Clin Pharm*. 2015;37(5):678-681. doi:10.1007/s11096-015-0148-6.



24
