Deprescribing

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Topics

- Definition
- Goals of deprescribing
- targets for deprescribing
- Approachs for deprescribing
- Shared decision-making
- Barriers to deprescring

Definition:

deprescribing refers to a process of **medication withdrawal**, supervised by a health care professional, with the goal of managing polypharmacy (multiple medication) and improving outcomes.

Goals of deprescribing

The goals of deprescribing can vary between patients , but in general deprescribing is a part of **good clinical practice** since all medication are

- potentially harmful
- cost money
- add complexity and the potentiall for burden

Specific goals can include:

A-Reducing medication burden:

Careful medication review and discontinuation can lead to reduction in up to **39 %** of medications used improving **adherence** to remaining medications.

B-Reducing risk of falls:

deprescribing programs have been shown to reduce fall risk among older adults by **24 %** with medications such as:

benzodiazepines , benzodiazepine receptor agonists , antidepressants, antipsychotics, and strongly anticholinergic medications.

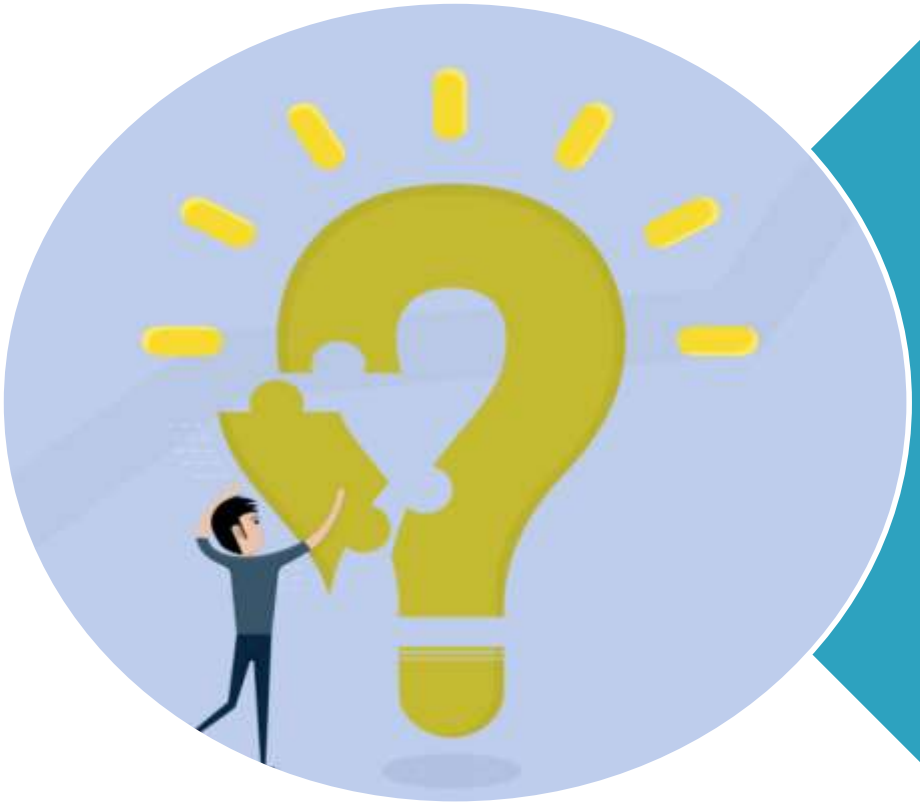
C-Improving and/or preserving cognitive function:

medications can negatively affect cognition :

Anticholinergic medications, sedative-hypnotics including benzodiazepines and benzodiazepine receptor agonists, and use of multiple psychotropic.

D-Reduce risk of hospitalization and death:

In vulnerable older adults residing in nursing homes, trials of interventions incorporating deprescribing reduced hospitalization by **36 %** and death by **26 - 38 %**.



Which patients and which medications are the targets for deprescribing?

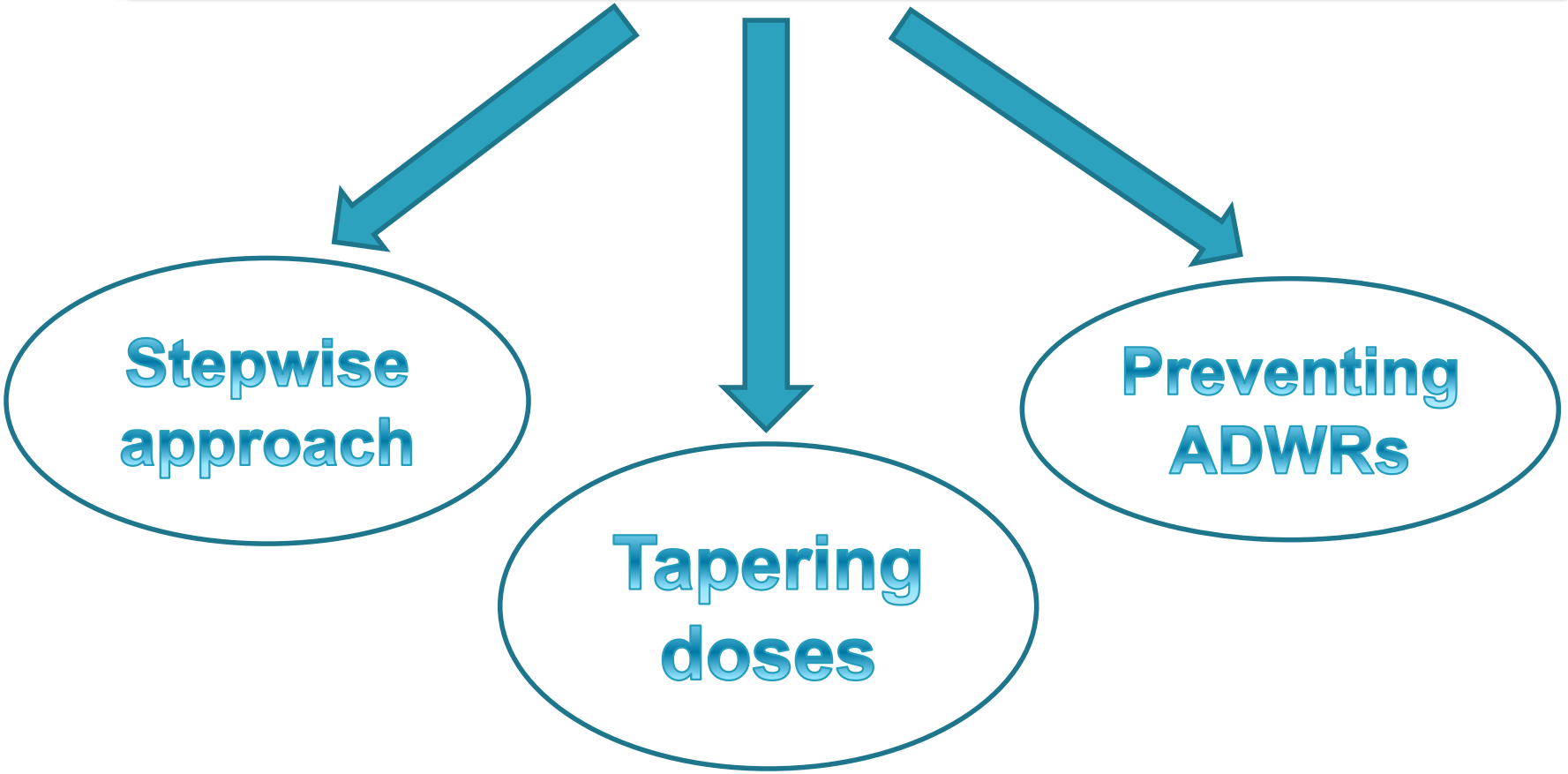
Patient characteristics

- Use of multiple medications (polypharmacy)
- Multimorbidity
- Renal impairment
- Multiple prescribers
- Transitions of care
- Medication nonadherence
- Limited life expectancy
- Frailty
- Dementia

Medications characteristics:

sedative-hypnotics such as benzodiazepines and benzodiazepine receptor agonists, strongly anticholinergic medications, long-acting sulfonylureas such as glibenclamide, and chronic use of PPIs and NSAIDs in the absence of compelling indications.

Approachs for deprescribing



A-Stepwise approach

Phase 1: **engage the patient and gather relevant information**

Phase 2: **identify and decide on drugs to deprescribe**

- **no valid or current indication** (e.g., PPIs for uncomplicated GERD)
- **causing or contributing to a known or suspected ADR(**e.g., incontinence exacerbated by a diuretic)
- **started as a result of a prescribing cascade** (e.g., NSAID ➡ ⬆ blood pressure ⟶ new antihypertensive medication
- **high risk in the population**(e.g., anticholinergics in older adults)
- **preventative indication in a patient with a life-limiting illness** (e.g., bisphosphonates in people near the end of life)

Phase 3: **planning, implementation, monitoring, and follow-up**:

B-Tapering doses

Tapering is recommended where there is risk of ADWRs or if there is concern that the underlying condition will return or worsen. In this setting, tapering can help identify the lowest effective dose, and minimize return of symptoms if they occur.

C-Preventing ADWRs

A number of drug classes have been associated with adverse drug withdrawal reactions (ADWRs), for example, **beta blockers, corticosteroids, and benzodiazepines**

A slow taper can in most, but not all, cases prevent ADWRs. When deprescribing a medication that is associated with an ADWR, **closer monitoring**, including informing the patient what to self-monitor for, is important, particularly in the first week following discontinuation.

Shared decision-making

Communication with patients (and caregivers/family) to inform deprescribing	Obtain information about experiences with medications (side effects, effectiveness), preferences, and goals of care Discuss realistic treatment goals – what do they value the most? Elicit fears about deprescribing
Communication with patients (and caregivers/family) to achieve shared decision-making about deprescribing	**Why?** Discuss why deprescribing of specific medications is being recommended – lack of benefits, risk of harm, etc (tailored to the individual and their goals of care)
	How? Plan tapering/withdrawal process Discuss monitoring plan
	Fears: Explore and address fears and concerns about deprescribing Discuss what to do if symptoms occur (monitoring plan)
Communication with other health care professionals	Communicate plan clearly to other clinicians Collaborate with other clinicians Don't be afraid of stopping/making a recommendation about stopping a medication that is determined to be inappropriate

Common barriers to deprescribing and strategies for overcoming them

A-Patient and/or family reluctance

1-Patients and/or families may be reluctant to engage in deprescribing. This can be overcomed by good communication and the use of patient educational materials may be helpful.

B-Lack of evidence

There is a relative lack of evidence and guidelines to inform deprescribing (compared with initiation of medications).

C-Limited time

Deprescribing is a complex process, which in the majority of cases requires considerable time to undertake. As such, the ability to deprescribe within a single clinical encounter may be limited.

D-Care shared among multiple providers

1-When medications are prescribed or recommended by another clinician such as a specialist, primary care clinicians may feel like it's not their role to manage the medications (**devolving of responsibility**) or may not wish to make changes due to **professional hierarchies**.

2-Additionally, they may be concerned about d**amaging the patient's relationship with this other professional** by providing contradictory advice.

E-Challenges in recognizing problematic medications

A lack of recognition of inappropriate medication use in individual patients has been identified as a barrier to deprescribing.

F-Medical culture

1-Starting a medication is familiar and considered a positive action (i.e., doing something to help the patient), **while deprescribing is less familiar** and may be considered a lower priority or as withdrawing care.

2-Continuation along a path of treatment without re-evaluation or staying with the "status quo") is also common in medical culture and can discourage deprescribing.

3-**Strategies increase the deprescribing include**: Attending deprescribing-related continuing education opportunities and advocating for greater undergraduate teaching of deprescribing.


Thank
You