The vast majority of individuals with Alzheimer’s disease and related dementias (ADRD) have multiple chronic conditions (MCC). The combination of ADRD plus other conditions (ADRD-MCC) leads to more medication use, more complex medication regimens for patients, and is associated with greater risk of adverse drug events, drug interactions, treatment burden and cognitive changes in addition to higher rates of hospitalization and mortality. Optimizing medication through deprescribing (the process of reducing or stopping the use of inappropriate medications or medications unlikely to be beneficial) can help avoid adverse drug effects and improve outcomes for MCC patients, particularly for those with ADRD. Deprescribing is a nascent field in the U.S. that is likely to have a significant positive impact over the next decade if properly developed and implemented. We propose a project to refine and test a pragmatic deprescribing intervention for people with ADRD-MCC so that these patients are on “just right” medication regimens. Our overall goal for the project is to refine and test a patient- and family/caregiver-centric deprescribing intervention that is applicable to multiple medications and can be adapted to a variety of healthcare delivery settings. The intervention will target older adults with ADRD-MCC on 5 or more medications and their family caregivers and deliver the intervention at Kaiser Permanente Colorado (KPCO), a not-for-profit integrated delivery system. Aims 1 and 2 will focus on engaging patients, family/caregivers, clinicians and health system stakeholders to enhance, refine, and pilot test the intervention. Aims 3 and 4 will test the effectiveness of the intervention in reducing number of chronic medications and number of potentially inappropriate medications as well secondary outcomes of patient falls, adverse drug events, hospital and skilled nursing facility utilization, activities of daily living, and outpatient office visit length. Aim 5 will qualitatively explore mechanisms behind intervention effectiveness. The proposed project will demonstrate the potential to implement sustainable changes in medication management to improve the health and safety of patients with ADRD receiving treatment for comorbid conditions with multiple medications. It will be adaptable to other delivery systems and settings, and is designed to foster a culture of thoughtful medication decision making acceptable to ADRD-MCC patients, caregivers, and their clinicians.

Individuals with Alzheimer’s disease and related dementias plus other chronic conditions are at risk for side effects and health risks from taking multiple medications. Deprescribing by reducing or stopping medications that are potentially inappropriate or unnecessary can improve health outcomes for this population. The proposed research will refine and test a patient-centered and pragmatic deprescribing intervention targeting this vulnerable population.