CLINICIAN GUIDANCE FOR DEPRESCRIBING

DEPRESCRIBING IS A PROCESS

- Deprescribing is a normal part of high quality care.
- Few medications are prescribed forever.
- Deprescribing is a continuous process. Develop a monitoring plan when discontinuing or reducing medications.
- Continuing and discontinuing medications are both active choices.

MEDICATIONS HAVE EFFECTS

- Symptoms may be due to medications.
- Quality of life should be balanced with potential medication side effects.
- Individuals with dementia and cognitive impairment are at greater risk for side effects.
- Non-medication alternative treatments may be available for many patients.
- Drug metabolism and the risks and benefits of drug treatment change over time.

PATIENTS’ GOALS FOR CARE

- Patients’ goals of care should guide treatment decisions. These goals change over time.
- Practice shared decision making—encourage patients and family members to communicate their feelings, ask questions, and even disagree.

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INTRODUCING DEPRESCRIBING TO PATIENTS

"Deprescribing is normal. Deprescribing (like prescribing) is a normal part of high quality care."

Things to try:

- When you prescribe a medication, mention that most people won’t need that medication forever.
- Start a conversation about personal goals of treatment.
  "What sorts of activities and events are most important to you these days?"
- Share that medications could be one possible cause of symptoms.
  "Well the first question is whether any of your medications could be causing [xxx symptom]."
REDUCING BURDEN THROUGH DEPRESCRIBING

"Be clear on what each medication adds"
"Consider deprescribing medications for symptoms that have resolved"

Example medications: Proton Pump Inhibitors, second antihypertensive medications

Ask Yourself:
Which medications are no longer necessary, essential or unlikely to be providing a real benefit to your patient?

Things to ask patients and their family & friends:

- Do you know why you are taking this medication?
- Do you think the medications are working [for symptoms]?
- Do you have any questions or concerns about your medications?
- Would you like to take fewer medications?
DEPRESCRIBING TO IMPROVE TROUBLING SYMPTOMS

"For any troubling symptom, think about medication side effects first!"

Example medications: Nortriptyline, oxybutynin, selected anti-hypertensives

Try these phrases:

- "The [symptom] you mention may be due to your [xxx] medicine"
- "Certain medicines may cause new side effects because our bodies change over time."
- "Reducing your total number of medications may help you feel better overall."

Make a plan to monitor symptoms:

- Please call the nurse in 1–2 weeks to let us know how you are feeling without / with a lower dose of [medication]
DISCUSSING
DEPRESCRIBING
WITH FAMILY & FRIENDS

"Deprescribing is a normal part of high quality care"
"Personal goals of care are a priority"

Approach to discussion with family & friends:
Listen first – the patient and their caregiver(s) are the experts

Try these phrases:

- "We make an intentional choice every time we either continue or discontinue a medication."
- "We want to maximize quality of life and minimize any medication side effects."
- "Let's develop a plan to watch for returning symptoms."

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CONSIDER TREATMENT DEINTENSIFICATION

"Aim for the lowest medication dose aligned with treatment goals"

Example Medications:
- Antihypertensives
- Anti-diabetics
- Analgesics
- Sleep Aids

Try these phrases:

- "I think your [condition] should be well managed on this lower dose."
- "A lower dose should reduce your risk of side effects."
- "We will check your [condition] again in [time]. Please contact us with any concerns about this change."
RECOGNIZE PRESCRIBING CASCADES

"Every symptom is a medication side effect until proven otherwise."

Could any of your patients' medications be treating side effects from other medications?

Some examples:

- Hydrochlorothiazide → dizziness → Meclizine
- Cholinesterase Inhibitor → urinary incontinence → Anticholinergic
- NSAIDs → hypertension → Antihypertensive

Try these phrases:

- "One of the most common reasons for a new symptom is an existing medicine"
- "Let's try discontinuing [medication #1] because then you may not need [medication #2]"
- "Sometimes medication side effects can develop gradually."

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DEPRESCRIBING AS PATIENTS APPROACH THE END OF LIFE

"Quality of life and personal goals are priorities"
"Deprescribing is a normal part of high quality care"

Example Medications:
- Antihypertensives
- Anti-diabetics
- Analgesics
- Sleep Aids

Try these phrases:
- "What are your primary goals for this year? Let’s adjust your medications to support those goals."
- "Our bodies change over time, [xxx medicine] may no longer be needed."
- "I want to minimize any side effects from your medications."

Communicate Regularly About Care Goals:
- Plan a return visit to review goals of care.
PRESCRIBING IS A DISCUSSION OPPORTUNITY

"Few medications are prescribed forever"

Try these phrases:

- "This medication can be decreased or stopped if your treatment needs change."

**Medication needs may change due to:**

- Lifestyle Changes
- Body changes with age
- Changing treatment goals

- "This medication can be decreased or stopped if your treatment needs change."
DISCONTINUING RISKY MEDICINES TO AVOID ADVERSE OUTCOMES

"More medications ➞ more side effects (i.e. falls and worsening memory)."

Example medications: insulin, benzodiazepines, opioid pain medication

Try these phrases:

■ "Our bodies use medications differently as we get older."
■ "Your symptoms may be due to medicines."
■ "[Alternative non-medication treatment] could help [symptom] and lower your risk of [side effect]"

Make a plan to monitor symptoms:

■ Please call the nurse in 1–2 weeks to let us know how you are feeling without / with a lower dose of [medication].
DON'T FORGET ABOUT OVER THE COUNTER PRODUCTS

"Even OTC products can cause significant side effects."

Example OTC Products:

• Benadryl
• Sleep Aids
• NSAIDs
• Herbal Products
• Vitamins

Try these phrases:

"Can you tell me whether you take any non-prescription medicines or vitamins? How did you decide to start taking this [OTC Product]?"

"Sometimes non-prescription products can affect how prescription medicines work."

"I have some ideas about how we might work together on the [symptoms]."
CLINICIAN GUIDANCE FOR DEPRESCRIBING

INTRODUCE DEPRESCRIBING TO PATIENTS
Deprescribing is normal. Deprescribing (like prescribing) is a normal part of high-quality care.

DEPRESCRIBE TO IMPROVE TROUBLING SYMPTOMS
For any troubling symptom, think about medication side effects first!

PRESCRIBING IS A DISCUSSION OPPORTUNITY
Few medications are prescribed forever.

DEPRESCRIBING AS PATIENTS APPROACH THE END OF LIFE
Quality of life and personal goals are priorities.

RECOGNIZE PRESCRIBING CASCADES
Every symptom is a medication side effect until proven otherwise.

CONSIDER TREATMENT DEINTENSIFICATION
Aim for the lowest medication dose aligned with treatment goals.

REDUCE BURDEN THROUGH DEPRESCRIBING
Be clear on what each medication adds. Consider deprescribing medications for symptoms that have resolved.

DISCONTINUE RISKY MEDICINES TO AVOID ADVERSE OUTCOMES
More medications ➔ more side effects (i.e. falls and worsening memory).

DISCUSS DEPRESCRIBING WITH FAMILY & FRIENDS
Personal goals of care are a priority. Deprescribing is a normal part of high quality care.

DON'T FORGET ABOUT OVER THE COUNTER PRODUCTS
Even OTC products can cause significant side effects.

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