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.

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]."

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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?

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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]

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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."

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.

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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].

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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]."

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INTRODUCE DEPRESCRIBING TO PATIENTS

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PRESCRIBING IS A DISCUSSION OPPORTUNITY

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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.

DISCONTINUE RISKY MEDICINES TO AVOID ADVERSE OUTCOMES

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

REDUCE BURDEN THROUGH DEPRESCRIBING

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Consider deprescribing medications for symptoms that have resolved.

DISCUSS DEPRESCRIBING WITH FAMILY & FRIENDS

Personal goals of care are a priority.

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DON'T FORGET ABOUT OVER THE COUNTER PRODUCTS

Even OTC products can cause significant side effects.

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