

Evidence for Deprescribing in Older Adults

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Disclosures

- There are no conflicts of interest.
- The views expressed are mine.
- The content does not represent the views of the U.S. Department of Veterans Affairs or the United States Government.

Methods Considerations: Study Design



Observational

- Longitudinal
- Cross-sectional
- Target trial emulation

Experimental

- Randomized controlled trial (RCT)
- Quasi-RCT/pragmatic trials
- Pre-post trial



Methods Considerations: Intervention Type

Behavioral and system-level interventions

- Medication review aimed at deprescribing
- Medication review (comprehensive or targeted)
- Electronic clinical decision support
- Pharmacist-delivered
- Educational
- Behavioral nudges



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Methods Considerations: Intervention Type

Randomization to medication deprescribing

- Double blind (very rare)
- Single blind (rare)
- Unblinded



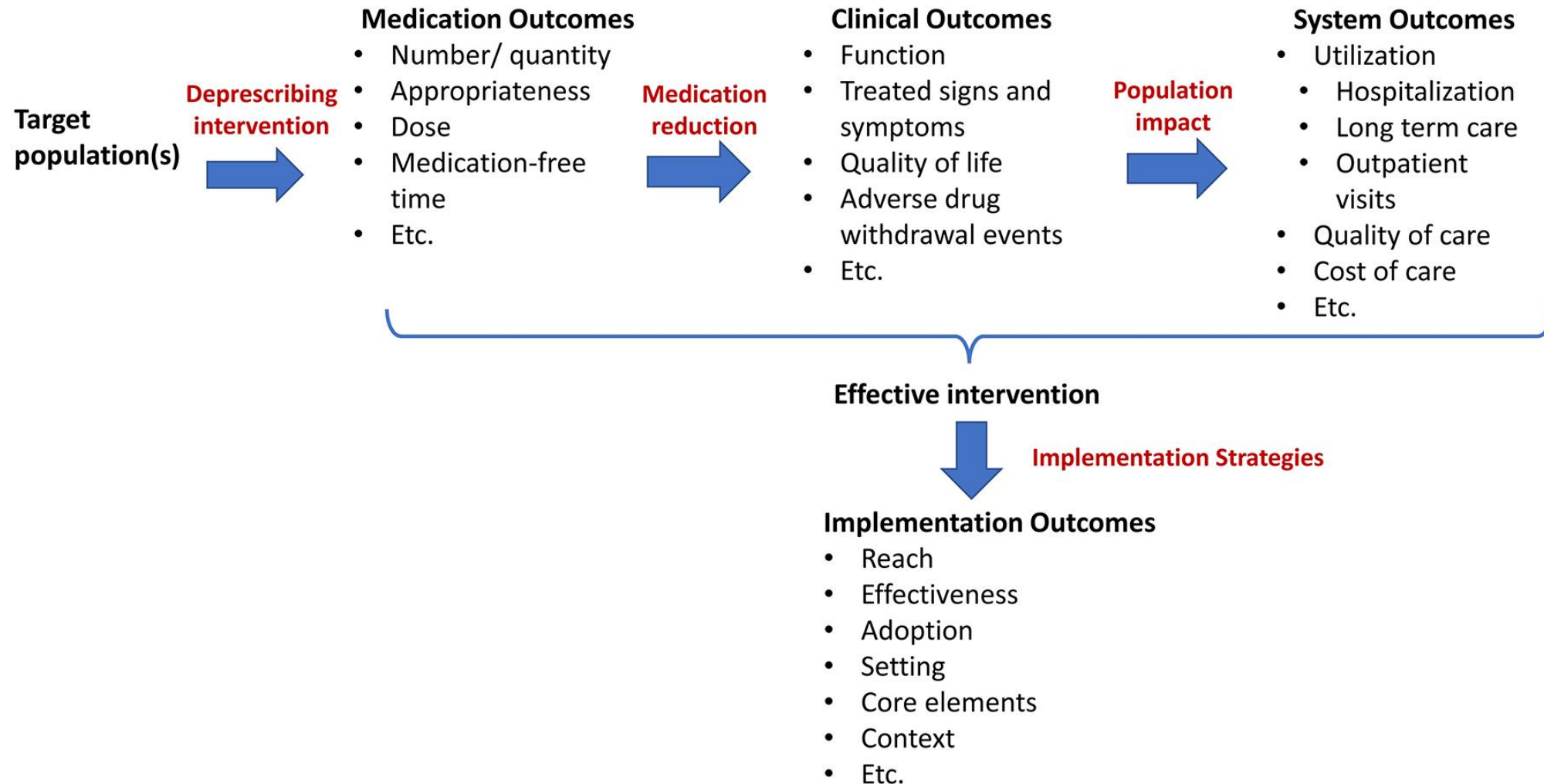
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Methods Considerations: Meds Targeted



1. Benzodiazepines
2. Antipsychotics
3. Alpha-receptor blockers
4. Proton Pump Inhibitors
5. z-hypnotics
6. Antimuscarinics
7. Tricyclic antidepressants
8. Antiplatelets
9. H1 and 2 receptor blockers

Methods Considerations: Outcomes



Outcomes: Medication

Small statistically significant decrease

- -0.25 (95% CI -0.38 to -0.13) (*Persaud 2025*)
- -0.14 (95% CI -0.27 to -0.01) (*Linsky 2025*)
- -0.55 (95% CI -0.87 to -0.22) (*Quek 2024*)



Outcomes: Clinical

Mortality

- Generally little effect
 - OR 0.96 (95% CI 0.84-1.09) (*Quek 2024*)
 - RR 0.94 (95% CI 0.85-1.04) (*Persaud 2025*)
 - OR 2.08 (95% CI 0.79-5.46) (*Gnjidic 2025*)
- Possible benefit in select populations or settings
 - Young old (aged 65-79)
 - OR 0.71 (95% CI 0.51-0.99) (*Quek 2024*)
 - Community setting
 - eOR 0.74 (95% CI 0.58-0.95) (*Valz Gris 2026*)

Outcomes: Clinical

- Adverse drug withdrawal events
 - OR 2.29 (95% CI 0.60–8.77) (*Quek 2024*)
- Falls
 - OR 0.88 (95% CI 0.66-1.17) (*Quek 2024*)
- Blood pressure
 - Increase or no change in studies of antihypertensives
- Major adverse cardiac events
 - No change (*Odden 2024*)

Outcomes: System

- Hospitalizations
 - Mixed or no effect
- Emergency room visits
 - Mixed or no effect

Unknowns

- Longer term outcomes
- Financial outcomes

Summary and Implications

1. Evidence that deprescribing reduces medications
 - Small individual effect
 - Larger impact at population level

2. Little change on clinical and system outcomes
 - “non-inferiority” perspective

→ Fewer meds with similar outcomes

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