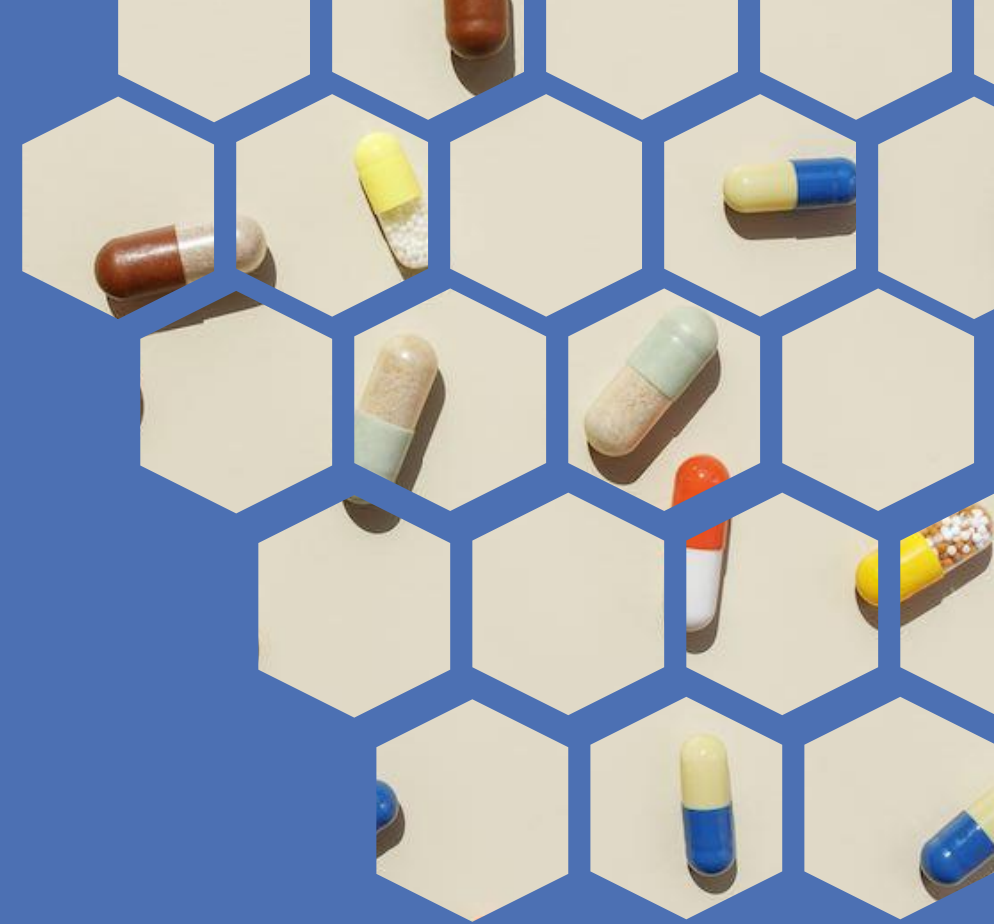


Approach to evidence in deprescribing.org guidelines



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deprescribing.org

Reducing medications safely
to meet life's changes

Moins de médicaments, sécuritairement –
pour mieux répondre aux défis de la vie

Declarations

Competing interests

Relationships with commercial interests:
none

Speakers Bureau/Honoraria: Pharmacy Practice Plus magazine

Consulting Fees: none

Grants/Research Support: CIHR, Michael Smith Health Research BC, National Institute on Aging (US), Canada's Drug Agency, Health Canada

Who pays me

UBC, Fraser Health



deprescribing.org



**Team of
clinicians and
researchers**



**Evidence-
Based
Deprescribing
Guidelines and
KT tools**



**International
network of
collaborators and
partners**



Lack of guidance on
deprescribing in
guidelines

Clinicians
wonder when
and how to safely
stop drugs

Create
deprescribing
guidelines



2014

Dr. Barb Farrell

**Focus on
primary care**

Today

Describe the approach our group has taken in synthesizing evidence and generating deprescribing recommendations



deprescribing.org

**Guidelines
2.0**

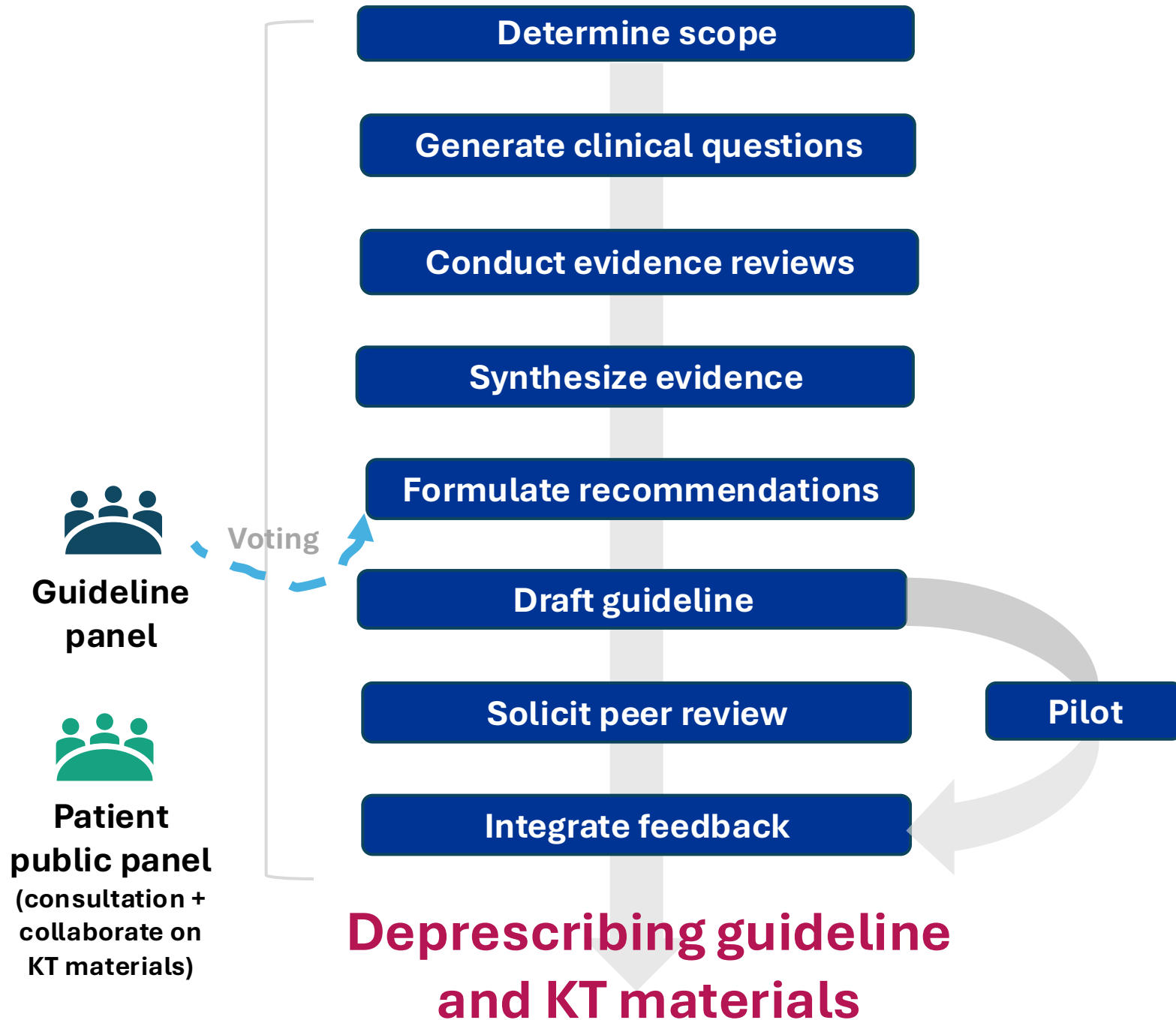
GRADE

RESEARCH ARTICLE

Methodology for Developing Deprescribing Guidelines: Using Evidence and GRADE to Guide Recommendations for Deprescribing

Barbara Farrell^{1,2,3}*, Kevin Pottie^{1,2,4}*, Carlos H. Rojas-Fernandez^{3,5}†, Lise M. Bjerre^{1,2,4}†, Wade Thompson^{1,4}†, Vivian Welch^{1,4}†

Deprescribing Guidelines Methods



**Balance of
benefits and
harms**

Systematic review of deprescribing versus continuation

Review of systematic reviews of benefits/harms of initiating or continuing

Review of resource implications of deprescribing

Review of acceptability, feasibility, equity, patient/provider preferences

Recommendations

Conduct evidence reviews

Determine scope

Generate questions

Conduct evidence reviews

Synthesize evidence

Formulate recommendations

Draft guideline

Solicit peer review

Integrate feedback

Key question

! Benefits and harms of
deprescribing versus continuation?

 Some flexibility in admissible evidence



Discontinuation



Continuation



Clinical
outcomes

SYSTEMATIC REVIEW

What are the benefits and harms of stopping or reducing antihyperglycemics compared with continuation among adults?



May be no clinically important changes in glycemia

Possible reductions in adverse drug events

Very low certainty evidence
(2 controlled before/after studies)

**Deprescribing
antihyperglycemics**

**Balance of
benefits and
harms**

Systematic review of deprescribing versus continuation

Review of systematic reviews of benefits/harms of initiating or continuing

Review of resource implications of deprescribing

Review of acceptability, feasibility, equity, patient/provider preferences



Recommendations

Conduct evidence reviews

Determine scope

Generate questions

Conduct evidence reviews

Synthesize evidence

Formulate recommendations

Draft guideline

Solicit peer review

Integrate feedback

Another key question

Benefits and harms of initiating or continuing a medication?

Potential harm of doing nothing?

Certain medications may be continued long-term unnecessarily (e.g., PPIs)

REVIEW OF SYSTEMATIC REVIEWS

What are the benefits and harms of initiation or continuation of antihyperglycemics among older adults?

Potential harm from SUs or insulin

Lack of benefit from intensive glycemic control for frail older adults

**Deprescribing
antihyperglycemics**

**Balance of
benefits and
harms**

Systematic review of deprescribing versus continuation

Review of systematic reviews of benefits/harms of initiating or continuing

Review of resource implications of deprescribing

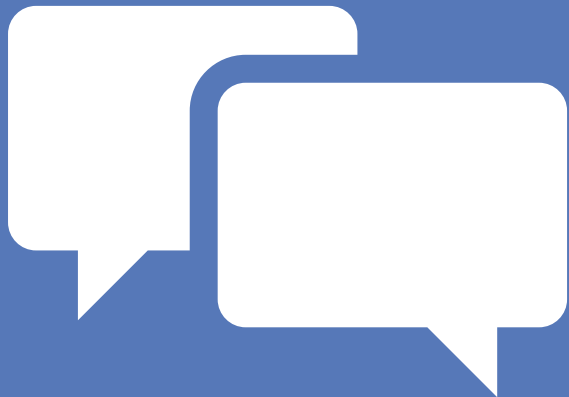
Review of acceptability, feasibility, equity, patient/provider preferences



Recommendations

Conduct evidence reviews

What are patient and care partner values and preferences?



Deprescribing is a preference-sensitive decision

Review of values/preferences, feasibility, acceptability, health equity considerations

Deprescribing antihyperglycemics among frail older adults

Systematic review of
deprescribing versus
continuation

Feasible, safe

Review of systematic reviews of
benefits/harms of starting or
ongoing use

Harms > benefits

Review of resource implications
of deprescribing

Drug costs, hypoglycemia

Review of acceptability,
feasibility, equity; patient values
and preferences


Lower treatment
burden, QoL



Recommendations

Today

Describe the approach our group has taken in synthesizing evidence and generating deprescribing recommendations





Therapeutics Initiative

Better prescribing. Better health.



Novo Nordisk Network for Healthy Populations



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AND
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