



US Deprescribing Research Network

ANNUAL REPORT 2025



Network Co-Principal Investigators: Michael Steinman, MD and Cynthia Boyd, MD, MPH

www.deprescribingresearch.org

Welcome

The US Deprescribing Research Network (USDn) is a national research network devoted to supporting high-quality, high-impact research on deprescribing for older adults. Funded by the US National Institute on Aging since 2019, our work is organized around four key pillars:

- We grow and support a national, interprofessional community of deprescribing researchers by providing opportunities for learning, collaboration, and community, with a particular emphasis on advancing work focused on older adults with heightened vulnerability.
- We enhance investigator development by fostering research and career growth among early-career investigators, with a strong focus on helping them obtain grants that propel their scientific and professional advancement.
- We advance high-value research initiatives by supporting pilot grants and projects that strengthen the methods and rigor of deprescribing science.



- We engage stakeholders and partner organizations to maximize the relevance, sustainability, dissemination, and translational impact of deprescribing research

We welcome you to learn more and to join our community! Please visit us at deprescribingresearch.org to learn more and sign up for our listserv to keep abreast of upcoming events and resources.

Cynthia Boyd and Michael Steinman, Co-Principal Investigators, USDn

What is Deprescribing?

Deprescribing refers to the thoughtful and systematic process of identifying problematic medications and reducing the dose or stopping these medications in a manner that is safe, effective, and helps people maximize their wellness and goals of care.

Deprescribing is not easy. Little is known about: how to best identify which medications are prime for deprescribing, how to safely and effectively stop them, and how to engage patients and families, clinicians, and the health system in this process in a seamless and patient-centered manner. These are the challenges our network seeks to address.



Why is Deprescribing Important?

In the US, 67% of older adults take 5 or more medications.¹



9%

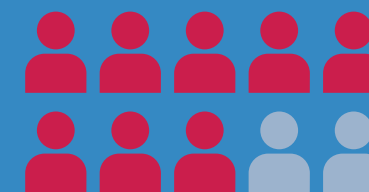


Adverse drug reactions account for 1 of every 11 hospital admissions among older adults.¹



In the US, more than 1 in 7 older adults are using medications with potential for major drug-drug interactions.¹

15%



More than 8 in 10 would be willing to stop taking one or more of their medicines if their physician said it was possible.²



2 out of every 3 older adults want to reduce the number of medications they are taking.²

67%



In the US, more than 2/3 of older adults with memory problems use at least one potentially problematic medication.³

¹ Qato DM et al. Changes in Prescription and Over-the-Counter Medication and Dietary Supplement Use Among Older Adults in the United States, 2005 vs 2011. *JAMA Intern Med.* 2016 Apr;176(4):473-82.

² Weir KR et al. Consumer Attitudes Towards Deprescribing: A Systematic Review and Meta-Analysis. *J Gerontol A Biol Sci Med Sci.* 2022 May 5;77(5):1020-1034.

³ Deardorff WJ et al. Medication misuse and overuse in community-dwelling persons with dementia. *J Am Geriatr Soc.* 2023 Oct;71(10):3086-3098.



Led by **Drs. Elizabeth Bayliss** and **Catherine Sarkisian**, our Investigator and Grant Catalyst Core is focused on building a community of learning, collaboration, and support for investigators interested in deprescribing.

GRANT CATALYST SCHOLAR PROGRAM

The Grant Catalyst Scholar Program (GCSP) provides an interdisciplinary community of learning with virtual grants-in-progress conferences, core curriculum, office hours, and an in-person meeting designed to help participants advance their research grant proposal and overall research careers. The initial cohort of GCSP scholars completed its year-long cycle of activities in December 2025, and our second cohort began to meet in January 2026.

GRANT CATALYST SCHOLAR PROGRAM EVENING EVENT

The inaugural cohort of the Grant Catalyst Scholar Program (GCSP) gathered for an evening event prior to the 2025 Annual Network Meeting on the evening of May 6th in Chicago, Illinois. This event was a popular and effective group problem-solving activity known as a “consultancy”, structured to enable people with a variety of knowledge and expertise to provide support, new perspectives, and ideas to one another, particularly around an important or difficult challenge. Topics included time management and balancing research, policy, teaching, and administrative responsibilities across a broad grant portfolio.

WEBINARS

In our sixth and seventh year, we organized or co-hosted 14 webinars. We continue collaborating with partners across the Research Centers Collaborative Network and a global coalition of deprescribing organizations to co-sponsor and cross-promote webinars and online activities for deprescribing researchers. Visit our website to learn more and access archived sessions.

NEWSLETTERS

We distribute a monthly newsletter to over 1,000 members featuring updates on the science of deprescribing, funding opportunities, and ways to engage in learning and collaboration.

COHORT 1



Ann Doherty, PhD
University College Cork



Laura Hart, PharmD, MS
University of Washington



Mostafa Mohamed, PhD, MSc
University of Rochester



Earl Morris, PhD, PharmD, MPH
University of Florida



Martin Casey, MD, MPH
University of North Carolina at Chapel Hill



Katharina Tabea Jungo, PhD
Brigham and Women's Hospital
Harvard Medical School



Reshma Ramachandran, MD, MHS
Yale School of Medicine



Catherine Hwang, MD, MSPH, MSc
Oregon Health and Science University

“The USDeN Grant Catalyst Scholars Program has been transformative for me as a clinician-researcher, providing a community of individuals who share concerns about harms related to polypharmacy and potentially inappropriate prescribing, while championing sophisticated research methods to better understand and mitigate these issues. Learning from both seasoned mentors and peers across institutions has given me an incredible brain trust to refine how I approach these complex questions. For junior faculty seeking to develop a research career in deprescribing, this program is excellent!”

Reshma Ramachandran, MD, MHS (GCSP Cohort 1)

COHORT 2



Thiago Junqueira Avelino da Silva, MD, PhD
University of California, San Francisco



Jinjiao Wang, RN, PhD
University of Texas Health Science Center at San Antonio



Andrew Baumgartner, MD
University at Buffalo



Jiaming Liang, PhD
University of Texas Health Science Center at Houston



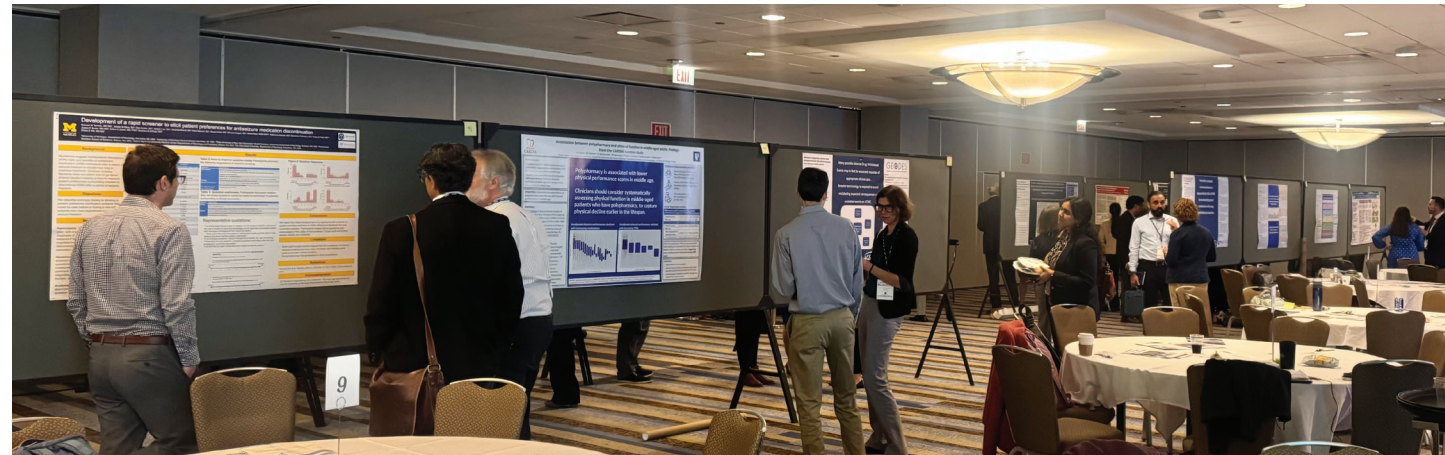
Ethan Borre, MD, PhD
Massachusetts General Hospital



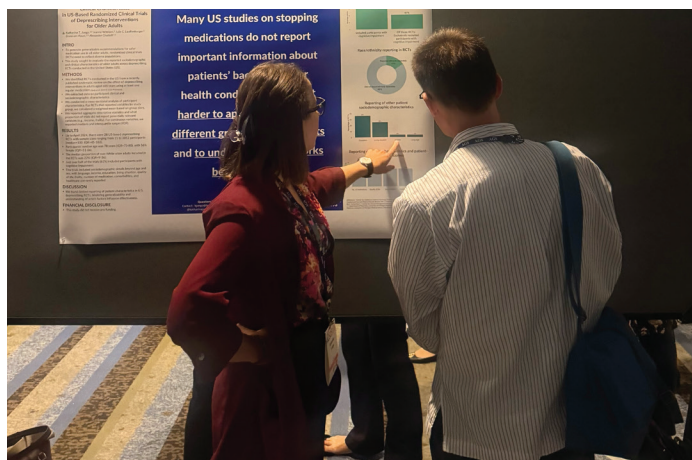
Maryanne Kim, PharmD, PhD
University of California, San Francisco



Daniel Hoyle, PhD
University of Tasmania



The capstone of our investigator development activities is our annual meeting. This meeting was a great success, with 145 registrants and an invigorating lineup of speakers, panels, and other activities, including keynote speaker Emily Reeve, BPharm (Hons), PhD of Monash University, who spoke of evidence synthesis, clinical practice guidelines, and research implications for deprescribing safety. We also had strong engagement with our poster session, with nearly 50 posters presented and a very high level of enthusiasm. Program evaluations showed that 100% rated the overall meeting quality as very good or excellent, and we were especially pleased with new collaborations and relationships that emerged from the time attendees spent together. In 2026, our annual meeting will be held in collaboration with International Conference on Deprescribing 2026 (ICOD2026). Visit our website to view archived sessions and information related to our next in-person meeting.



Methods for identifying dose reduction and tapering of chronic medications using electronic health data



This development project, led by **Dr. Sascha Dublin**, focuses on developing, operationalizing, and validating methods to identify medication dose reduction and tapering using electronic health record (EHR) data. Building on prior USDeN-supported work to measure benzodiazepine discontinuation, the project addresses the critical need for validated approaches to measure dose reduction, particularly for medications such as benzodiazepines that often require extended tapers rather than abrupt cessation. A multidisciplinary expert workgroup representing Kaiser Permanente Washington and Colorado, Duke University, the University of Michigan, the University of Washington, and the Durham VA Health Care System convened to review

existing concepts and methods and to develop two operational definitions of tapering using commonly available EHR pharmacy data. These definitions have been applied to real-world benzodiazepine use data from Kaiser Permanente Washington and Kaiser Permanente Colorado (2019–2023) to characterize patterns of tapering over extended follow-up. Project activities have included cohort expansion, extensive longitudinal data exploration, application and comparison of tapering definitions, creation of shared deidentified analytic datasets, and validation through chart review. This work is producing practical guidance and analytic approaches that will support future single- and multi-site deprescribing studies using electronic health data, with a manuscript describing the methods and findings currently in preparation.

Special Symposium on Advancing Deprescribing in Clinical Practice Guidelines

We convened a Special Symposium on Advancing Deprescribing in Clinical Practice Guidelines to bring together key stakeholders to assess the current state of science and real-world practice in incorporating deprescribing into clinical guidelines, and to help define future directions for researchers, guideline developers, and other partners. The symposium included 92 participants, many of them national and international leaders, with representation across 16 clinical specialties, including physicians, pharmacists, nurses, and PhD scientists, as well as guideline organizations, specialty societies, deprescribing experts, government and quality organizations, and patient and caregiver perspectives.

The program featured prepared presentations and robust audience discussion on deprescribing as a component of high-quality care, current practices and



frameworks for integrating deprescribing into guidelines, evidentiary opportunities and challenges, and diverse multi-stakeholder perspectives. These sessions were complemented by small-group breakout discussions and structured priority-setting activities to identify key next steps.

We are actively building on the momentum generated by the symposium by developing shareable slide decks and materials to support broader dissemination, preparing symposium proceedings, and advancing additional efforts to strengthen deprescribing guidance within clinical practice guidelines.

Pilot Awards



Led by Drs. **Sandra Simmons** and **Amanda Mixon**, our Pilot Core provides 1-year pilot awards designed for junior investigators to conduct small-scale or pilot projects that can lead to future, larger research opportunities. Our Pilot Core works closely with the Stakeholder Engagement Core and meets regularly with funded investigators to help them advance their work, troubleshoot problems, and identify best practices for partnering with stakeholders.



PILOT GRANT AWARDEE PROFILE Jiha Lee, MD, MHS

Dr. Jiha Lee is an Assistant Professor of Rheumatology at the University of Michigan and the recipient of the W. Joseph McCune, MD Department of Internal Medicine Early Career Endowment Award. Dr. Lee is a health services researcher whose work lies at the intersection of rheumatology, aging, and pharmacoepidemiology. Her research integrates geriatric principles with real-world data and mixed-methods approaches to understand treatment patterns, medication decision making, and outcomes for older adults with rheumatoid arthritis, particularly in the context of high-risk, high-cost biologic therapies. Dr. Lee is a former USDeN Junior Intensive Investigator

Program Scholar and was subsequently awarded a USDeN Pilot Study. Her pilot project examined real-world treatment patterns following biologic de-escalation among older Medicare beneficiaries with RA, evaluating who sustains reduced therapy versus who re-initiates treatment. By identifying patient characteristics that shape these treatment pathways, her work highlights opportunities to tailor de-escalation strategies for older adults with complex rheumatic diseases. Building on these findings, she is developing a study to understand patient and provider perspectives on the facilitators and barriers to deprescribing for older adults with RA in usual care.

“ I was delighted to discover USDeN early in my career, at a moment when I was just beginning to explore deprescribing in rheumatology. It was remarkable to find a community of investigators across specialties who shared a commitment to advancing deprescribing research to improve care for aging populations. Through USDeN’s webinars, office hours, and annual meetings, I learned new methodological approaches, sharpened my scientific thinking, and connected with collaborators whom I continue to work with today. The Pilot Program provided the support and guidance needed to apply these insights to deprescribing questions in specialty care and to strengthen my stakeholder engagement skills. USDeN has expanded my vision for what deprescribing research can accomplish and helped me translate these ideas into improving routine rheumatologic care.

Jiha Lee, MD, MHS



YEAR 6 PILOT AWARDEES



Jiha Lee, MD, MHS, University of Michigan

Sustained de-escalation of anti-TNF medications in older adults with rheumatoid arthritis



Aimee Pickering, MD, MS, University of Pittsburgh

Racial and ethnic disparities in prescribing and deprescribing low-value medications in older US Veterans

YEAR 7 PILOT AWARDEES



Michelle Keller, PhD, MPH, University of Southern California

Designing and Pilot Testing an Educational Intervention to Equip Nurses for Engaging Osteoporotic Fracture Patients in Deprescribing Benzodiazepines and Z-Drugs



Nicholas Schiltz, PhD, Case Western Reserve University

Deprescribing Potentially Inappropriate Medications in Age-Friendly Health Systems



**Thanh Phuong Pham Nguyen, PharmD, MBA, MSCE, BCPS
University of Pennsylvania Perelman School of Medicine**

Allison W. Willis, MD, MSCI

University of Pennsylvania Perelman School of Medicine



Impact of a pharmacist-led series of N-of-1 trials evaluating the effect of deprescribing antimuscarinic overactive bladder medications on cognitive function and quality of life of individuals with Parkinson disease

Stakeholder Engagement



Engaging with the users of deprescribing research – including patients and caregivers, clinicians, and health system and policy leaders – is a key principle that underlies the work of the network. Led by **Dr. Nicole Brandt** and **Ms. Carmen Reyes**, the Stakeholder Engagement Core supports a number of initiatives that amplify this theme. Stakeholder representatives and core leaders participate in the development and review of pilot and grant planning awards, meet with network awardees, participate in pilot and grant planning awards, engage with Junior Investigator Intensive awardees, contribute to educational programs, and more.

STAKEHOLDER ENGAGEMENT COUNCIL

The Stakeholder Engagement Council comprises older adults and their caregivers as well as health care professionals and health systems representatives. The Council provides input on network activities, helps select network awardees, and serves as a conduit for disseminating network-sponsored research to communities of interest.



G. CHENG BRAUN



D. BROOKS



S. CHOI



P. D'ANTONIO



E. JIMENEZ



K. MASLOW



P. STANBACK MILLER



D. PRICE



R. QUINTANILLA



S. RODRIGUEZ-SHAPIRO



D. WALES

“My earliest work with deprescribing involved the USDeN when I was a caregiver in an urban setting. Now, I am the recipient of care as an elder in a rural setting. Surprisingly, the needs are very similar from these varied perspectives. I am a journalist by training and public policy professional who worked in housing and transportation. I enjoy being able to encourage those engaged in medical care to think about prescribing the right medications in the right dosages to support an improved quality of life for all of us. I share my opinions in the same way I managed public policy programs—through focus groups, small on-site, community-based meetings and media outreach. I am grateful for being able to do so.

Del Price

Community Advocate and Public Policy Advisor



USDeN Facts

In our Sixth and Seventh Years (to date):



5 pilot awards



16 participants in the Grant Catalyst Scholar Program (Cohorts 1 and 2)



50,000 Website impressions



1,109 Network members



Organized or co-hosted 14 webinars



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