

*dRx*TM Deprescribing



What?

Deprescribing is the process of withdrawal of an inappropriate medication, supervised by a health care professional with the goal of managing polypharmacy and improving outcomes.¹

Why?

Polypharmacy is common and appears to be independently associated with a range of adverse health outcomes.²

How?

CEASE!³



C Current medicines:

Ascertain all medicines the patient is currently taking and the reasons for each one (also termed medication reconciliation).

E Elevated risk:

Consider the potential for the patient to be harmed by the medicines being prescribed in determining required intensity of deprescribing intervention: Consider risk factors such as total number of drugs, age, presence of drugs associated with high risk (e.g. opiates, benzodiazepines, psychotropics, anticoagulants, hypoglycaemic drugs, cardiovascular drugs), past non-adherence, multiple prescribers, impaired cognition and poor social support, substance abuse, mental health problems.

A Assess

each medicine for its usefulness in relation to its risk by considering:

- Indications for the drug (is the continued prescribing of the drug justified on the basis of a verified diagnosis and robust evidence of effectiveness for this indication in this patient?);
- Effects of the drug to date on the underlying disease process and/or its symptoms;
- Future benefit – harm trade-offs in the context of life expectancy, time until benefit (for preventive medications), goals of care (symptom relief vs disease modification vs cure), and patient values and preferences.

S Sort:

Prioritise those medicines for discontinuation with lowest utility (or highest disutility) and greatest ease of discontinuation, while taking patient preferences into account.

E Eliminate:

Implement a discontinuation regimen, and monitor patients closely for improvement in outcomes or onset of withdrawal or rebound syndromes.

1. Reeve E, Gnjidic D, Long J, Hilmer S. A systematic review of the emerging definition of "deprescribing" with network analysis: implications for future research and clinical practice. *British Journal of Clinical Pharmacology* 2015; DOI: 10.1111/bcp.12732.
2. Beer C, Hyde Z, Almeida OP, Norman P, Hankey GJ, Yeap BB, et al. Quality use of medicines and health outcomes among a cohort of community dwelling older men: an observational study. *British Journal of Clinical Pharmacology* 2011;71(4):592-9.
3. Scott IA, Le Couteur DG. Physicians need to take the lead in deprescribing. *Internal Medicine Journal* 2015;45(3):352-6.

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