

# RxTips<sup>®</sup>: Deprescribing



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## What is Deprescribing?

- Deprescribing is the systematic process of discontinuing medications used for the management of chronic illness as patients' survival time decreases. This process includes gradual dose reductions.
- While evidence-based guidance is available for the initiation of pharmacologic therapy, little guidance exists for dose reductions or discontinuation of these therapies.
- Deprescribing systematically identifies and assists in discontinuing pharmacologic therapy for which harm outweighs benefit. This process involves both the patient and the clinical care team and considers individualized goals of care, functional status, and life expectancy.
- Deprescribing is part of good prescribing practices and should be considered for all patients with a life-limiting illness.

## Deprescribing: Important Factors to Consider

- The Holmes Model provides a nice framework for deprescribing. This model pairs two patient-specific factors with two medication-specific factors.
  - Patient-specific factors: goals of care and prognosis
  - Medication-specific factors: treatment target and time-until-benefit
- Consider a medication's treatment strategy. If medications are prescribed as primary prevention, they are used to reduce the chance of an illness occurring before it happens. If medications are prescribed as secondary prevention, they are used to slow illness progression. Typically, primary prevention medications are good candidates for deprescribing for patients with a serious, life-limiting illness.

## Deprescribing: Reducing Polypharmacy Risks

- Polypharmacy has many definitions. One of these is "the simultaneous use of multiple drugs to treat a single ailment or condition."
- The risk of polypharmacy increases if patients take five or more medications. It is estimated that over half of all Medicare beneficiaries receive at least five medications routinely.
- Work with your interdisciplinary team (IDT) to facilitate patient-oriented conversations, focusing on opportunities to reevaluate medication lists.
  - If patients are non-adherent to prescribed medications, inquire why this may be.
  - Reassess medications for ongoing indications. Focus on primary vs. secondary prevention.
  - Engage all members of the IDT to assist in symptom management.
  - Optimize dosing and medication formulations to reduce pill burden.

## Deprescribing: Barriers

- Barriers to deprescribing exist, are situation specific, and may overlap.
- Open, consistent communication is essential for successful deprescribing.

Psychological Attachment

Communication Challenges

Population Identification

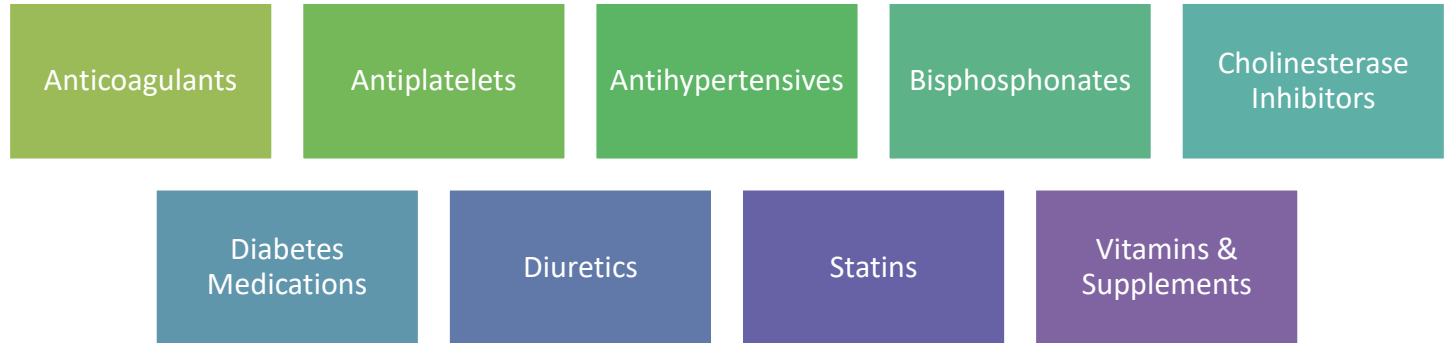
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Process Ownership

Adverse Withdrawal Events

## Deprescribing: Common Medication Classes to Reconsider

- As discussed previously, medications that are appropriate for deprescribing for patients with a life-limiting illness include those with harm outweighing continued benefit.
- The following medication classes are often associated with adverse effects for hospice patients that outweigh continued benefit.
- Please keep in mind that deprescribing discussions and decisions should be individualized.



## Deprescribing: The Process

- Utilize a pharmacist to perform a comprehensive medication review, with a focus on respective indications.
- Consider patient goals, prognosis, and the risk of adverse effects and medication-related harm(s).
- Assess each medication's risk: benefit ratio, with special attention on treatment target and time-until-benefit.
- Discontinue medications based on individualized priorities.
- Monitor for potential adverse drug withdrawal events.

## Take Home Points

- Deprescribing is part of good prescribing practices.
- Deprescribing should be considered for all patients with advanced, life-limiting illnesses.
- Effective deprescribing communication should be part of a larger discussion that includes goals of care and clarifies estimated prognosis.
- Deprescribing reduces pill burden, reduces medication regimen complexity, and reduces medication adverse effects.
- A reduction in polypharmacy and pill burden may improve quality of life.

## References:

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