Deprescribing:
Is this really necessary?
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Learning Objective
- Describe the role of the pharmacist with deprescribing

Pre-Test
- All of the following are things to consider when deprescribing, EXCEPT:
  a) Patient wishes
  b) Duration of therapy
  c) Total number of medications
  d) Appropriateness of medications
Statistics – Meds in the Elderly

- People 65 years and older make up 15% of the US population, but account for 34% of all prescriptions written
- More than 30% take 5 or more medications
- About 1 in 3 experience a serious adverse event, resulting in unnecessary harm, care, costs and in some cases "early death"
  - Approximately 40% were deemed preventable
- Incidence of adverse drug reactions in the hospital increases from about 10% in patients 40-50 years old to 25% in patients older than 80


Polypharmacy

- **Definition:** the use of multiple medications by a patient, generally older adults (those aged over 65 years). It sometimes alternatively refers to purportedly excessive or unnecessary prescriptions.
- **Number of medications?**


Deprescribing

- **Definition:** the process of tapering, stopping, discontinuing, or withdrawing drugs.

Deprescribing Considerations

- Length of treatment needed before expected benefit
- Effectiveness of medications
- Side effect profile risk vs. benefit
- Valid and current indication
- Duplication
- Drug-drug interaction
- Adherence
- Symptomatic benefit
- Deterioration if removed
- High risk medication
- Cost


Pearls

- Less is more
- Communication
- Culture change
- More evidence is needed
- Assess, optimize, reassess


Resources

- Drugs to Avoid in the Elderly/Drug-Disease Interactions in the Elderly (DAEs/DDEs)
  - Beers Criteria
    - MDIS DAE/DDE Criteria
    - Pharmacy Quality Alliance (PQA) High Risk Medication List
- Polypharmacy/Deprescribing
  - Deprescribing.org
  - Choosingwisely.org
  - STOPP Criteria (START Criteria)
  - Medstopper.com
  - NHS Polypharmacy
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