

WHEN LESS IS MORE... DEPRESCRIBING

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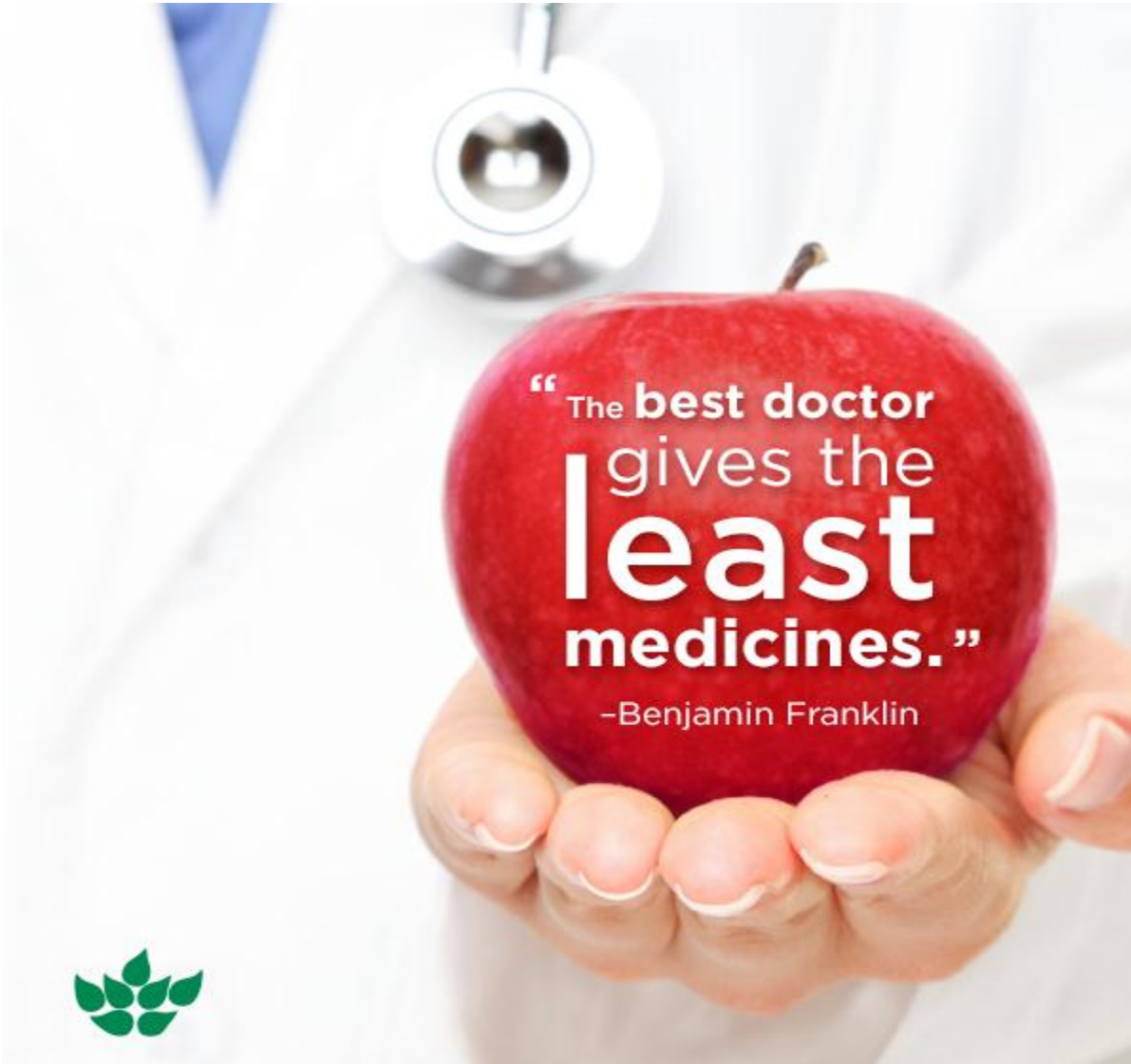
March 9, 2014

American College of Physicians State Chapter Meeting

Eastern Virginia Medical School

Sentara Norfolk General Hospital

Glennan Center for Geriatrics and Gerontology



“The best doctor
gives the
least
medicines.”

-Benjamin Franklin



What we will cover...

□ Problems with Polypharmacy

- Name three problems associated with Polypharmacy

□ “Deprescribing”

- Recognize the Beer’s List and the Medication Appropriateness Index
- Identify opportunities for deprescribing

□ Approach

- Analyze a medication list and deprescribe

∴ WELL... THE GLAXO PILL PROTECTS MY HEART FROM THE SIDE EFFECTS OF THE PFIZER PILL THAT PREVENTS POTENTIAL LIVER FAILURE DUE TO THE MERCK PILL THAT MINIMIZES THE RISK OF STROKE POSED BY THE NOVARTIS PILL THAT REDUCES BLOOD CLOTS CAUSED BY THE GLAXO PILL.

“Prescribing Cascade”

∴ THE DEVIL OF IT IS I CAN'T REMEMBER THE ILLNESS THAT STARTED ALL THIS...



JOHN DE
THE TALKING
SCHEDULE

Deprescribing

- **NOT** about denying effective treatment to people who will benefit
- **IS** about ensuring people do not receive unnecessary treatment which is unlikely to be of benefit and may cause harm

Reasons to deprescribe

- ❑ Lack of efficacy
- ❑ Actual or potential adverse drug reactions
- ❑ Non-adherence
- ❑ Resolution of condition
- ❑ Development of contraindication
- ❑ Introduction of an interacting drug

American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults

The American Geriatrics Society 2012 Beers Criteria Update Expert Panel

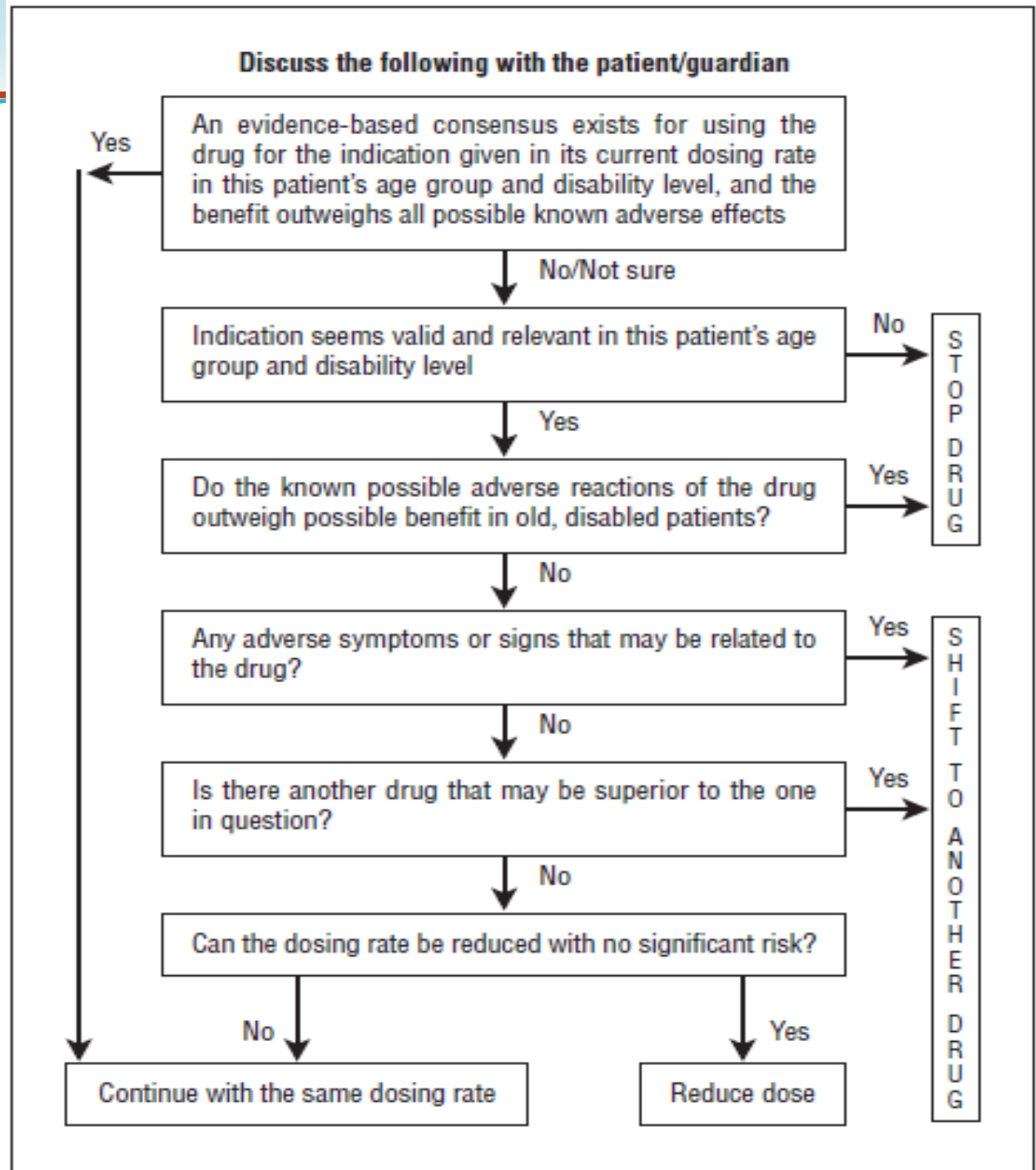


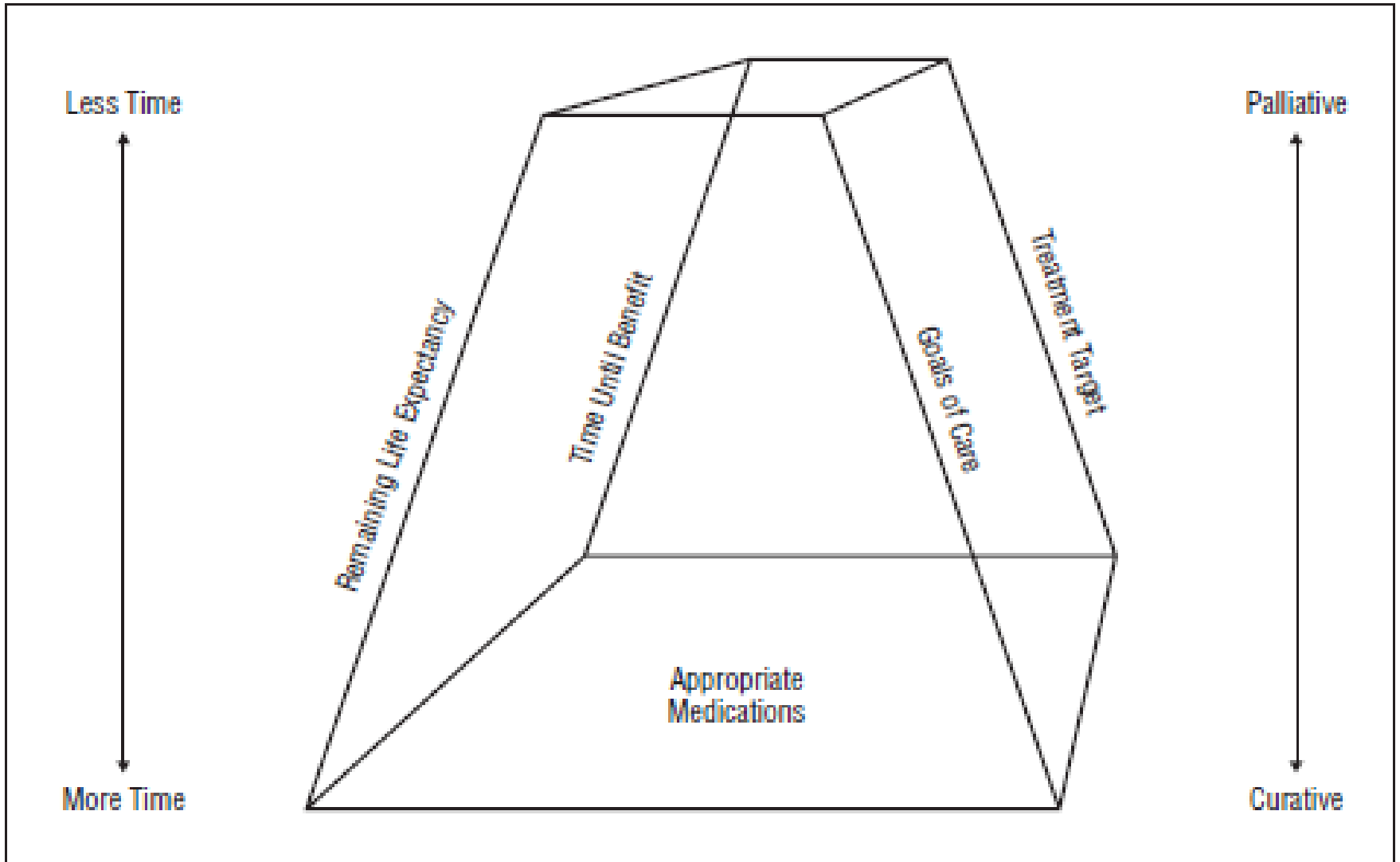
Medication Appropriateness Index

Medication Appropriateness Index

1. Is there an **indication** for the drug?
2. Is the medication **effective** for the condition?
3. Is the **dosage correct**?
4. Are the **directions correct**?
5. Are the **directions practical**?
6. Are there clinically significant **drug-drug interactions**?
7. Are there clinically significant **drug-disease/condition interactions**?
8. Is there unnecessary **duplication** with other drugs?
9. Is the **duration** of therapy acceptable?
10. Is this drug the **least expensive alternative** compared with others of equal usefulness?

The Good Palliative-Geriatric Practice Protocol



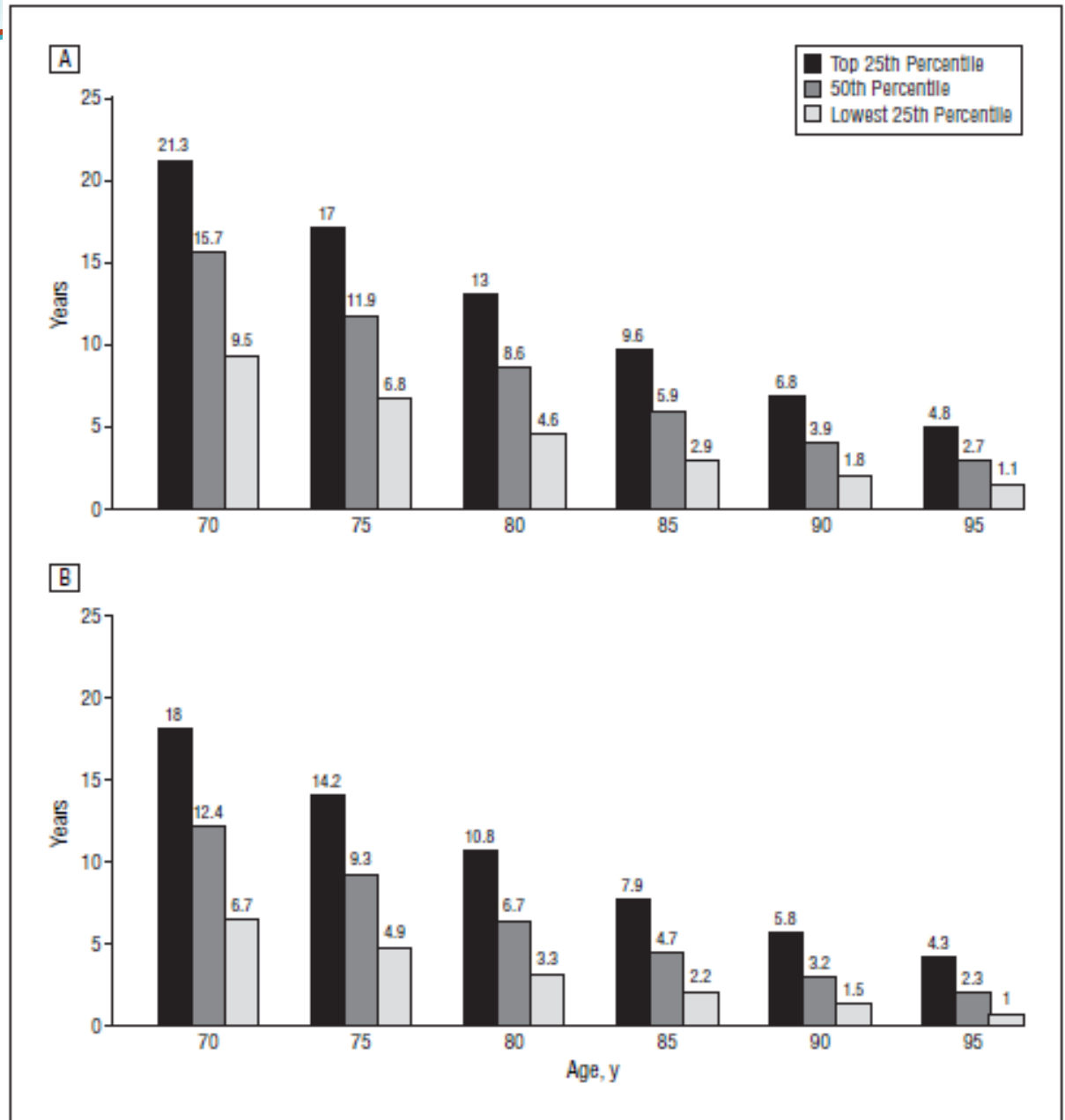


4 components of Decision Making

- Remaining life expectancy
- Time Until Benefit
- Goals of Care
- Treatment Target



Life Expectancy



ePrognosis

Estimating Prognosis for Elders

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Home

1. Where is the patient

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Table 2. Success Rate of Drug Discontinuation (DD) According to Types of Drugs

| Drug Group | Patients Using Drug, No. | DD Suggested, No. (% ^a) | DD Actually Performed, No. (%) | Specific Compliance, % ^b | Eventual DD Success Rate, % ^c |
|--------------------------|--------------------------|-------------------------------------|--------------------------------|-------------------------------------|--|
| Antihypertensives | 95 ^d | 58 (61) | 50 (53) | 86 | 84 |
| β-Blockers | 26 | 15 (58) | 11 (42) | 73 | 67 |
| Calcium channel blockers | 22 | 13 (59) | 11 (50) | 85 | 85 |
| Diuretics | 11 | 11 (100) | 10 (91) | 91 | 91 |
| ACE inhibitors | 32 | 9 (28) | 8 (25) | 89 | 89 |
| α-Blockers | 8 | 6 (75) | 2 (25) | 33 | 33 |
| Nitrates | 5 | 5 (100) | 5 (100) | 100 | 100 |
| Furosemide | 18 | 14 (78) | 13 (72) | 92 | 79 |
| Aspirin | 24 | 2 (8) | 2 (8) | 100 | 100 |
| Statins | 26 | 18 (69) | 14 (54) | 78 | 72 |
| Sulfonylurea | 6 | 5 (83) | 5 (83) | 100 | 100 |
| Metformin | 11 | 5 (45) | 3 (27) | 60 | 60 |
| H ₂ blockers | 8 | 8 (100) | 6 (75) | 75 | 75 |
| Omeprazole | 18 | 10 (56) | 9 (50) | 90 | 90 |
| Benzodiazepines | 36 ^e | 36 (100) | 35 (97) ^e | 97 | 97 |
| SSRIs | 33 | 13 (39) | 11 (33) | 85 | 77 |
| Other antidepressants | 12 | 10 (83) | 9 (75) | 90 | 90 |
| Antipsychotics | 8 | 3 (37) | 3 (37) | 100 | 100 |
| Levodopa-carbidopa | 10 | 7 (70) | 5 (50) | 71 | 71 |

Caution: Withdrawal

- Opioids
- Beta blockers
- Levodopa
- Corticosteroids
- Psychotropics
 - Wean over several weeks
(others: digoxin, diuretics, benzos, SSRIs)

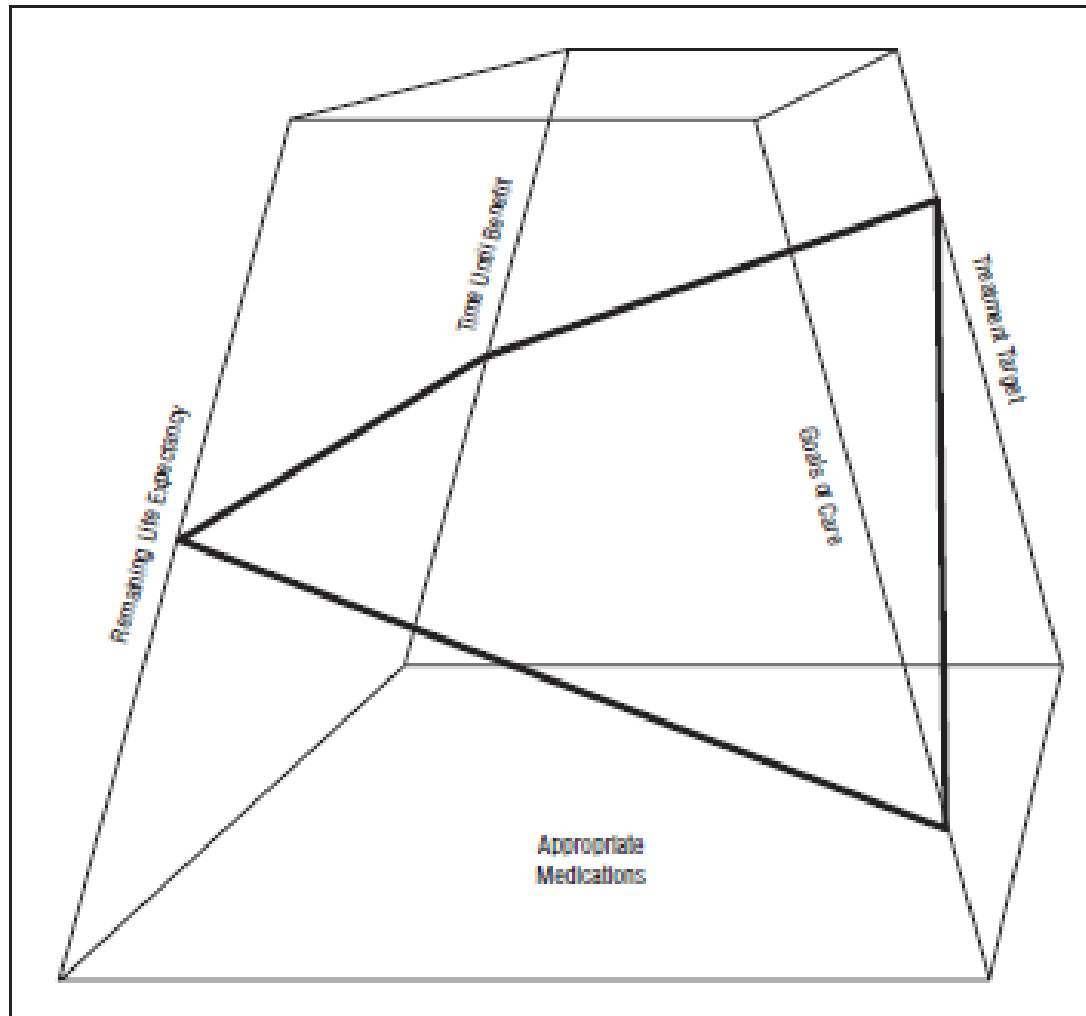
Iyer S, et al. Medication Withdrawal Trials in People Aged 65 Years and Older: A Systematic Review; *Drugs Aging* 2008: 25(12)

People want to stop meds

- Patients' Attitudes Towards Deprescribing (PATD) Questionnaire
- 90% willing to try medication cessation
 - If their doctor thought it was appropriate
 - Age did not influence
- Acceptance rates (other studies)
 - 82%
 - Antihypertensives
 - 33%
 - Benzodiazepines, opioids



When there is a mismatch...



He's the best
physician
that knows the
worthlessness
of the most
medicines.

B. Franklin



Benjamin Franklin Tercentenary
1706 - 2006