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.

The devil of it is I can't remember the illness that started all this...

"Prescribing Cascade"
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

Discuss the following with the patient/guardian:

- An evidence-based consensus exists for using the drug for the indication given in its current dosing rate in this patient’s age group and disability level, and the benefit outweighs all possible known adverse effects.

  Yes
  
  No/Not sure
  
  Indication seems valid and relevant in this patient’s age group and disability level.

  Yes

  No

  Do the known possible adverse reactions of the drug outweigh possible benefit in old, disabled patients?

  Yes

  No

  Any adverse symptoms or signs that may be related to the drug?

  Yes

  No

  Is there another drug that may be superior to the one in question?

  Yes

  No

  Can the dosing rate be reduced with no significant risk?

  Yes

  No

  Continue with the same dosing rate

  Reduce dose
4 components of Decision Making

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

(A) Top 25th Percentile
(B) 50th Percentile
(C) Lowest 25th Percentile
Home

1. Where is the patient

--- select ---

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<table>
<thead>
<tr>
<th>Drug Group</th>
<th>Patients Using Drug, No.</th>
<th>DD Suggested, No. (%)</th>
<th>DD Actually Performed, No. (%)</th>
<th>Specific Compliance, %</th>
<th>Eventual DD Success Rate, %</th>
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Caution: Withdrawal

- Opioids
- Beta blockers
- Levodopa
- Corticosteroids
- Psychotropics

- Wean over several weeks

(others: digoxin, diuretics, benzos, SSRIs)

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

JAGS 61: 1508-1514, 2013
...The top prescription is for your arthritis, but it may cause a heart attack. The second prescription should prevent a heart attack, but it could damage your liver. The third should prevent liver trouble, but it may destroy your spleen. The fourth protects the spleen but has been known to eat away the prostate. The fifth.....
When there is a mismatch...
He's the best physician that knows the worthlessness of the most medicines.

Benjamin Franklin Tercentenary 1706 - 2006