

DEPRESCRIBING

Reducing harm by optimizing medication



What is deprescribing? Deprescribing is the planned process of reducing or stopping medications that may no longer be of benefit or may be causing harm. The goal is to reduce medication burden while improving quality of life.

Deprescribing involves patients, healthcare providers, caregivers and policy makers



Deprescribing should be done in partnership with a health care provider. There may be reasons to continue taking certain medications or reasons why close supervision is needed while stopping.



Medications **SHOULD NOT** be stopped without first consulting a doctor or health care professional.

Are seniors taking too many meds?



2 out of 3 Canadians over the age of 65 take **at least 5 different prescription medications**.



1 out of 4 Canadians over the age of 65 take **at least 10 different prescription medications**.

(CIHI, 2014)

Why deprescribe?



Taking medications may be necessary for health, improving symptoms or prolonging life expectancy. However, as we get older, the benefits and risks of medication may change.



The risk of harmful effects and hospitalizations increases when taking many prescription medications.



With age, some medications can become unnecessary or even harmful because of short-term or long-term side effects, and drug interactions.



Older women are typically more susceptible to adverse effects of medications and more likely to be prescribed risky meds.



71% of Canadian seniors are willing to stop a medication if their doctor says it is possible.

(Sirois *et al.*, 2016)

The cost of risky medication

Medications are considered risky when a safer drug or non-drug therapy exists that can be used to treat the same symptoms.

\$419 MILLION

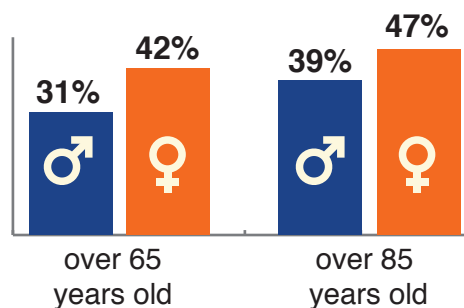
Estimated public spending per year on potentially harmful prescriptions outside of a hospital setting.

\$1.4 BILLION

Estimated indirect health care costs per year due to harmful medication effects such as fainting, falls, fractures and hospitalizations.

(Morgan *et al.*, 2016)

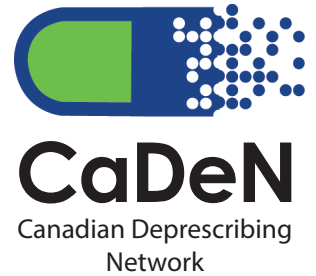
Seniors who fill at least one risky prescription in Canada



(Morgan *et al.*, 2016; yearly data from 2013)

What can be done?

The Canadian Deprescribing Network (CaDeN) is a group of health care leaders, academic researchers and patient advocates working together to promote appropriate medication use across Canada.



CaDeN's goals are to:

- Reduce harm by raising awareness and cutting risky prescriptions for seniors by 50% by 2020.
- Promote health by ensuring access to safer drug and non-drug therapies.

CaDeN is initially focusing on the following risky medications that should be considered for deprescribing in seniors:

Benzodiazepines

Sedatives often used to treat insomnia or other sleep problems (e.g. diazepam, Valium®, lorazepam, Ativan®, alprazolam, Xanax®). They can be physically and psychologically addictive and are best stopped gradually to reduce the chance of withdrawal symptoms.



Risks: Memory and concentration problems, daytime fatigue, falls and fractures (hip, wrist), motor vehicle accidents, problems with urine loss.



Alternatives: Sleep hygiene, relaxation techniques and cognitive behavioural therapy to help achieve a regular and restorative sleep-wake cycle.

Proton pump inhibitors (PPIs)

Used to treat heartburn, reflux and ulcers (e.g. pantoprazole, Pantoloc®).



Risks: Hip fractures, pneumonia, *Clostridium difficile* infection, kidney failure and low levels of magnesium in the blood.



Alternatives: Dietary modification, weight loss, as-needed use of a safer medication class such as Tums®.

Glyburide

Used to lower blood sugar levels to manage type-2 diabetes.



Risks: Low blood sugar (hypoglycemia), dizziness, cold sweats, anxious feelings, increased falls and fractures.



Alternatives: If dietary modification, weight loss and exercise cannot achieve the right blood sugar level, other diabetes medicines can be used that are safer.

What can you do?

Check what medications your patient is taking and why.

Engage in a discussion with your patient about deprescribing options and alternate therapies.

Use MedStopper to assess whether your patients are taking risky meds: <http://medstopper.com/>

Download information on how you can deprescribe certain meds (e.g. deprescribing algorithms: <http://deprescribing.org/resources/deprescribing-algorithms/>)

Learn more about deprescribing on CaDeN's website: <http://deprescribing.org/caden/>

Spread the word about deprescribing to colleagues, advocacy groups and government representatives.

Ask questions, stay informed and be proactive.

References

- Canadian Institute for Health Information (CIHI). Drug use among seniors on public drug programs in Canada, 2012. Revised October 2014. Ottawa, ON: CIHI:2014.
- Morgan et al. Frequency and cost of potentially inappropriate prescribing for older adults: a cross-sectional study. *CMAJ Open*, 2016;4:E346-E51.
- Sirois C, Ouellet N, Reeve E. Community-dwelling older people's attitudes towards deprescribing in Canada. *Research in Social and Administrative Pharmacy*, 2016.