

Inaugural experiences developing deprescribing guidelines

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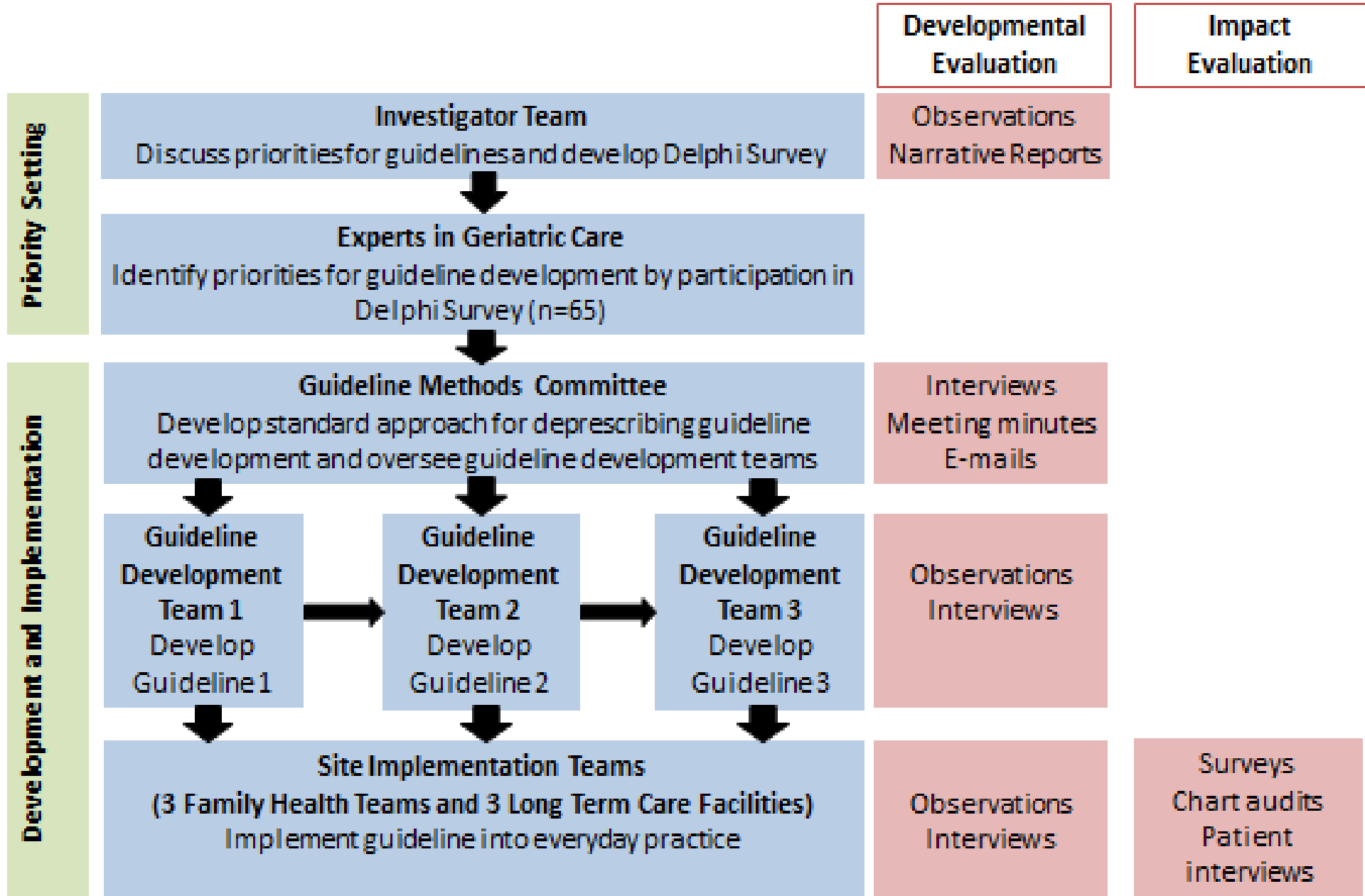


Deprescribing guidelines – over the last 5 years

Our experience

- The plan in 2013
- What actually happened
- Thoughts on whether we could have or should have done it differently
 - Easier?
 - Credible?
 - Reach?





Original timeline

Year 1

- Identify guideline priorities
- Determine guideline methodology

Year 2

- Develop, test and feedback on guideline 1
- Develop, test and feedback on guideline 2

Year 3

- Develop, test and feedback on guideline 3
- All analysis and publications



Priorities for deprescribing guidelines

1. Benzodiazepines
2. Atypical antipsychotics
3. Statins
4. Tricyclic antidepressants
5. Proton-pump inhibitors
6. Urinary anticholinergics
7. Typical antipsychotics
8. Cholinesterase inhibitors
9. Opioids
10. Selective serotonin reuptake inhibitors

Farrell B, Tsang C, Raman-Wilms L, Irving H, Conklin J, Pottie K. What are priorities for deprescribing for elderly patients? Capturing the voice of practitioners: a modified Delphi process. PLoS One 2015;10(4):e0122246.

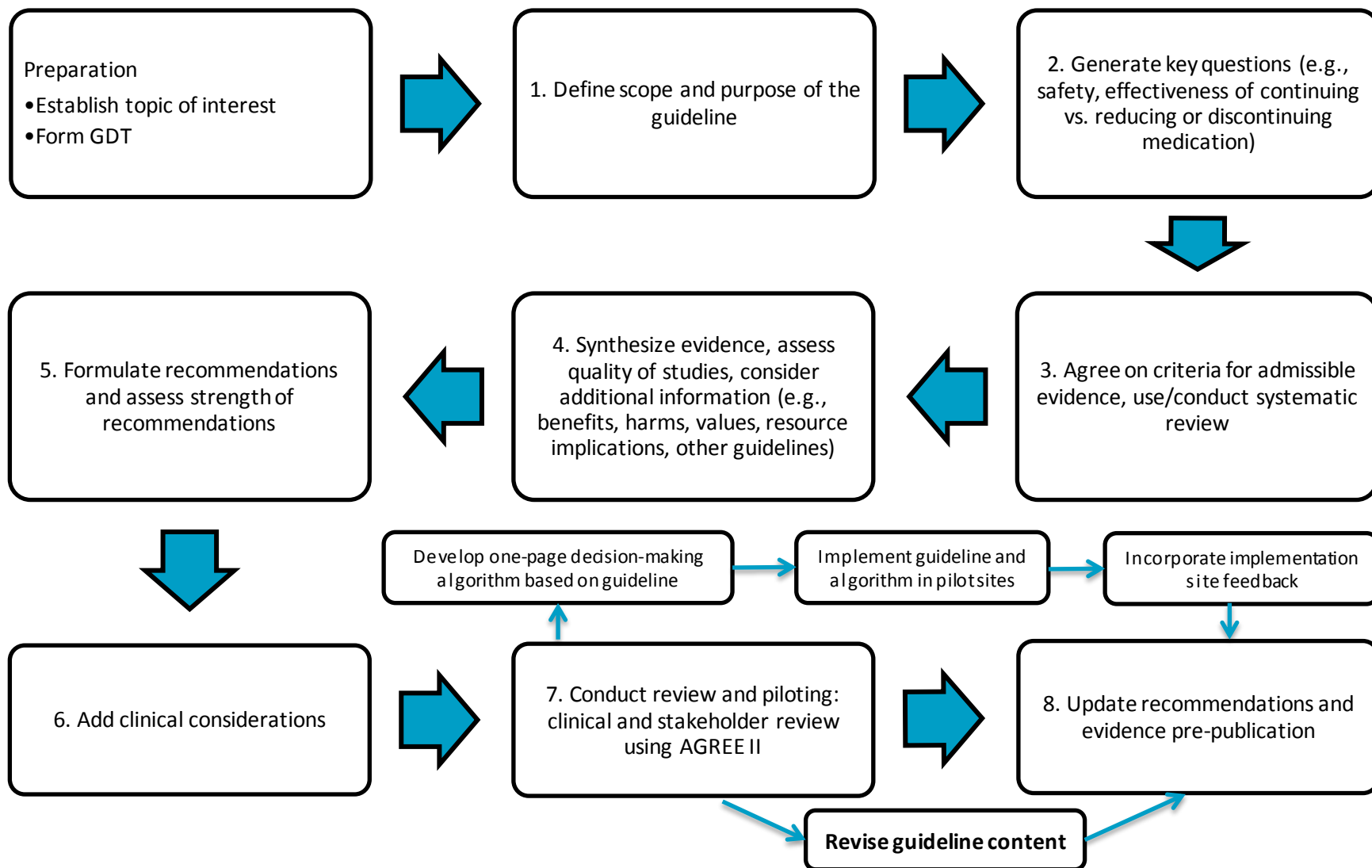


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Fig 1. Overall methodology for deprescribing guideline preparation, development, implementation and revision.



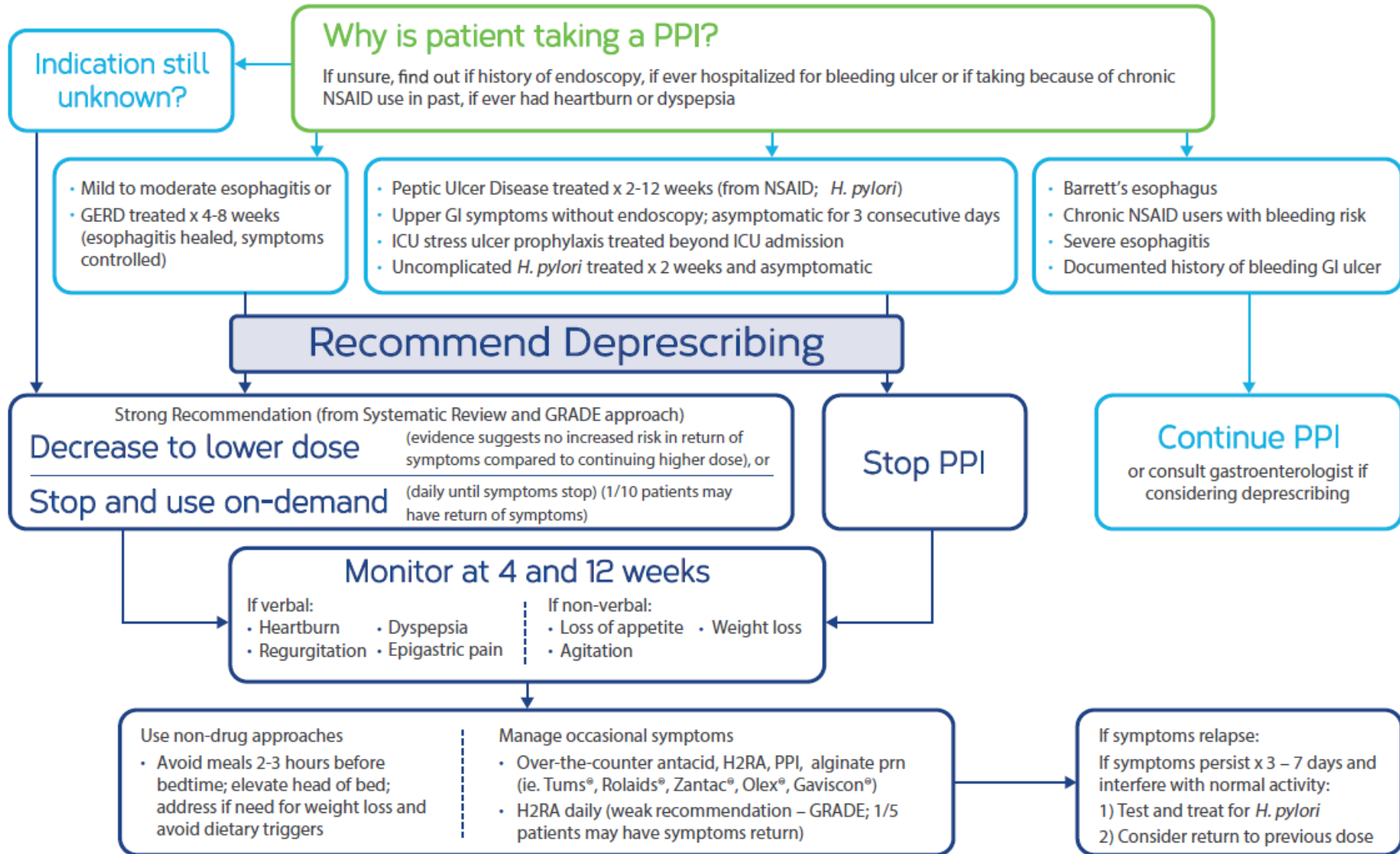
Farrell B, Pottie K, Rojas-Fernandez CH, Bjerre LM, Thompson W, et al. (2016) Methodology for Developing Deprescribing Guidelines: Using Evidence and GRADE to Guide Recommendations for Deprescribing. PLOS ONE 11(8): e0161248. <https://doi.org/10.1371/journal.pone.0161248>
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161248>

What happened – guideline development

- Development process longer than anticipated
- Required ++ resources (people, money)
- Created some tension within the team
- Forced us to distill a vast amount of information and evidence into something users could use

What happened – during implementation

- 6 practice sites
- Presented long powerpoint presentations outlining the evidence and recommendations
- Everyone was bored until we showed this...



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Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. *Can Fam Physician* 2017;63:354-64 (Eng), e253-65 (Fr).



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Deprescribing algorithm uptake (from website) – open access

Algorithm	English	French
1. Proton pump inhibitors	19,590	620
2. Benzodiazepine receptor agonists	13,551	501
3. Antipsychotics	6,987	27
4. Antihyperglycemics (different website)	236	167



Other algorithm uptake?

- Canadian Family Physician publications
- Choosing Wisely toolkits
- Canadian Deprescribing Network (CaDeN)
- Institute for Healthcare Improvement (IHI) partners
- North York General Hospital, Toronto, ON
- The Moncton Hospital, Moncton, NB
- Winnipeg Regional Health Authority, Winnipeg, MB
- PrescQIPP webkit, UK
- Stanton Health Care Services, US
- Alberta Health Services, AB
- Deprescribing Fair events



Do you just need an algorithm?

Yes

(skip the rigorous process)

- Would save time and be less expensive

No

(the process adds credibility)

- Referenced by, or incorporated into reputable publications – e.g. RxFiles, Choosing Wisely



Preliminary results: qualitative analysis of guideline development processes

- Guideline development supported by:
 - Content, implementation and methods expertise
 - Staff support (e.g. coordinator, librarian)
 - Structured team meetings
 - Access to resources and networks of experts
- Challenges:
 - Guideline scope & team member responsibilities not always clear
 - Demanding rigor of systematic review time and resource intensive



Successes

- Endorsements and publication
- 2 new guidelines beyond original 3 funded
- One-page algorithm with recommendations seen as greatest facilitator
- Non-pharmacologic strategies included
- Uptake of support tools
- Knowledge mobilization through website and Twitter
- Additional funding for KT tools – patient pamphlets, infographics, whiteboard videos



Publication uptake

Publication	Views	Downloads	Citations
What are priorities for deprescribing for elderly patients? Capturing the voice of practitioners: a modified Delphi process; PLOS One, 2015	19,187	5,870	32
Developmental evaluation as a strategy to enhance the uptake and use of deprescribing guidelines; Implementation Science, 2015	N/A	4,146	10
Methodology for Developing Deprescribing Guidelines: Using Evidence and GRADE to Guide Recommendations for Deprescribing; PLOS One, 2017	5,589	4,363	6



Uptake of support tools

Tool	English downloads (version date)	French downloads (version date)
Proton pump inhibitors patient pamphlet	3,874 (September 2016)	210 (September 2016)
Proton pump inhibitors infographic	Stats unavailable	In development
Benzodiazepine receptor agonists patient pamphlet	3,424 (June 2016)	105 (June 2016)
Benzodiazepine receptor agonists infographic	Stats unavailable	In development
Antipsychotics patient pamphlet	2 (January 2018)	In development
Antipsychotics infographic	Uploaded in March 2018	In development
Antihyperglycemics patient pamphlet	Uploaded in March 2018	In development
Antihyperglycemics infographic	Uploaded in March 2018	In development

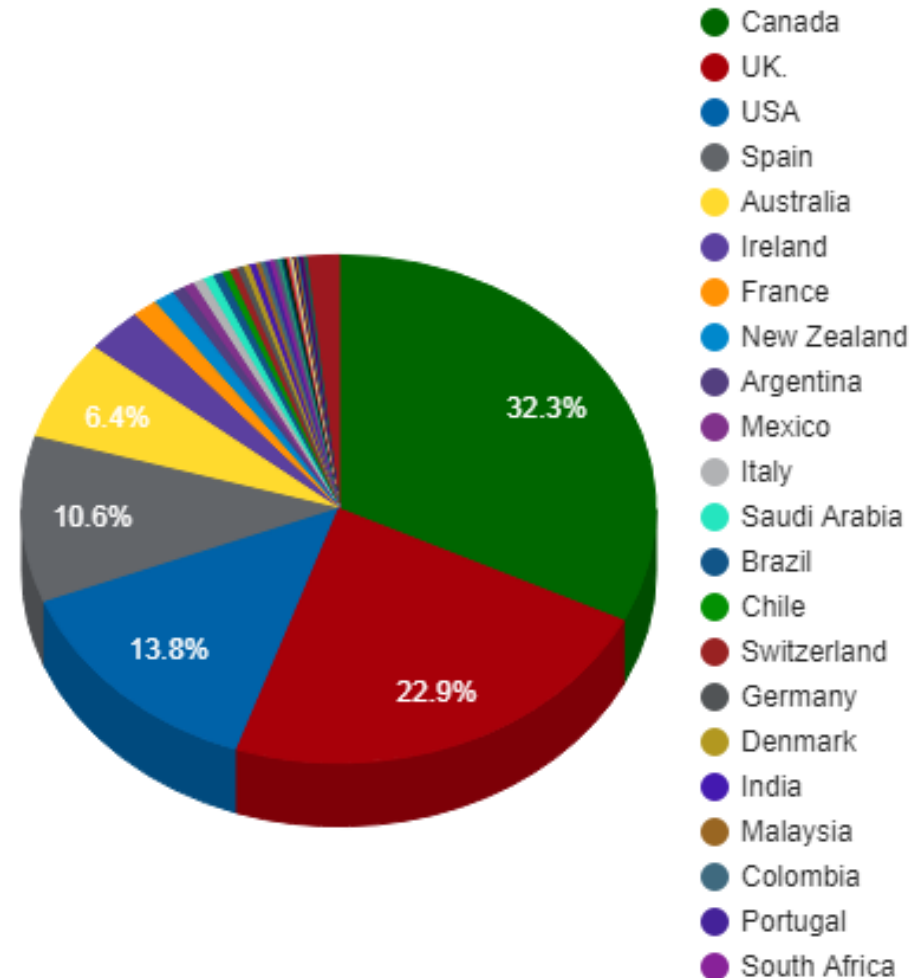


Whiteboard video uptake and feedback

Video	Uptake	Feedback
Developing Deprescribing Guidelines to Help Manage Polypharmacy and Improve Outcomes for Patients	2,141 views	Video rated as 'excellent' (71%) and 'very good' (24%)
Using the PPI Deprescribing Algorithm - When to Reduce or Stop PPIs and How?	2,368 views	Video indicated as 'very' or 'totally' relevant by patients (78%), family caregivers (100%), and health care providers (83%)
Using the Antihyperglycemic (AHG) Deprescribing Algorithm - When to Reduce or Stop AHGs and How?	1,062 views	Video indicated as 'very' or 'totally' relevant by patients (60%) and health care providers (93%); no data available for family caregivers



Twitter (@deprescribing)



Challenges

- Use of terms 'strong', 'weak' and 'low quality' of concern to reviewers/users
- Some non-pharm strategies costly
- Desire for alternative agents
- Requests for modification of algorithms
- Coping with translation requests
- Attribution of authorship
- Additional tools time-consuming to develop; uptake?
- Open access limits ability to acquire funds for supports



Learning carried forward

- Co-locate guideline lead and coordinator
- Expand GDT membership
- Establish good team functioning
- Use a roles/responsibilities document
- Clarify scope at outset
- Begin with end in mind (algorithm)
- Balance desire for alternative strategies with evidence and safety
- Involve knowledge users in creation of tools



Symposium goals

- Encourage development and uptake of evidence-based deprescribing guideline methodology internationally
- Facilitate sharing of evidence-based deprescribing guideline implementation strategies, successes and challenges among stakeholders
- Build knowledge, skills and support for health care provider behaviour change to integrate use of evidence-based deprescribing guidelines into practice
- Identify deprescribing guideline evaluation strategies and relevant outcome measures



Evidence Based Deprescribing Guideline Symposium 2018

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