DEPRESCRIBING
Past and future

Wade Thompson  BScPhm PharmD MSc
PhD fellow
University of Southern Denmark, Institute of Public Health
Odense, Denmark

#deRx2018

Session resources available at deprescribing.org/TBD
DEPRESCRIBING RESEARCH

Early 2000s

Today

http://persistenceofpoverty.blogspot.dk/2016/03/actually-even-rich-people-would-be.html
http://peterubel.com
http://teacherspayteachers.com
http://hackaday.com
DEPRESCRIBING RESEARCH: CLINICAL EVIDENCE

Systematic reviews

Interventions

Medication-specific

Page 2016
Gnjidic 2012
Iyer 2008
Patterson 2014
Johansson 2016
INTERVENTIONS

NO CLEAR BENEFIT

- Mortality
- Falls
- Hospitalization
- Quality of life

POSSIBLE BENEFIT

- Number of medications
- Inappropriate medication use
MEDICATION-SPECIFIC STUDIES

GENERAL FINDINGS

- Deprescribing feasible
- Success rates vary

LIMITATIONS IN EVIDENCE

- Clinical outcomes
- Sustainability
CHALLENGES AND FUTURE SUGGESTIONS

Population

Study design

Interventions

Outcomes
CONSISTENCY IN OUTCOMES- developing a core outcome set

Identify and refine long list of outcomes

Cochrane review
Qualitative interviews

Delphi

3 rounds (n=92)
MDs, nurses, pharmacists, patients
How important to measure outcome?

Core outcome set

Core Outcome Set for Trials Aimed at Improving the Appropriateness of Polypharmacy in Older People in Primary Care
Audrey Rankin, PhD; Cathal A. Cadogan, PhD; Cristin Ryan, PhD; Barbara Clyne, PhD; Susan M. Smith, PhD; and Carmel M. Hughes, PhD

J Am Ger Soc 2018; 10.1111/jgs.15245
# CORE OUTCOMES (n=16)

<table>
<thead>
<tr>
<th>THEME</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Harms</td>
<td>Falls</td>
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<td></td>
<td>Serious ADEs</td>
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<tr>
<td>Clinical outcomes</td>
<td>Mortality (all cause)</td>
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<td>Healthcare utilization</td>
<td>Hospitalizations</td>
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<tr>
<td>Knowledge</td>
<td>Patient knowledge</td>
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<tr>
<td>Medication related outcomes</td>
<td>Adherence</td>
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<td>Medication appropriateness</td>
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<td>Clinically significant drug interactions</td>
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<td>Number of medications</td>
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<td>Therapeutic duplication</td>
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<td>Regimen, complexity</td>
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<td>AEs</td>
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<td>Prescribing errors</td>
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<tr>
<td>Patient-related outcomes</td>
<td>Cognitive function</td>
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<td>Quality of life</td>
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<td>Patient perception of treatment burden</td>
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*J Am Ger Soc 2018; 10.1111/jgs.15245*
OTHER AREAS

Patient values and preferences
Shared decision-making

Cost-effectiveness

BMJ 2016;353:i2893
Eur J Intern Med 2017;38:3–11
Icons from Noun Project: Iulia Ardeleanu, Margaret Hagan, Made by Made
RESEARCH PRIORITIES FOR OPTIMIZING GERIATRIC PHARMACOTHERAPY

1. Study continuation versus discontinuation of long-term medications
2. Consistency in outcomes and outcome definitions
3. Implement strategies that incorporate goals and preferences into decisions

Cons from Noun Project: icons.design, Gregar Cresnar, Adele Foucart


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