







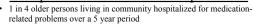
# Importance: Global Perspective

- 50% of medicines prescribed, sold, dispensed inappropriately
- 50% of patients don't take medicines correctly
- 50% of countries have no basic policy for rational medicines use

WHO: 2010



# Importance: National Perspective



- 15% of older patients who attend their PCP report ADE over the previous 6 months: up to two thirds potentially preventable
- Up to 30% of admissions for patients over 75 years of age are medication related: up to three-quarters potentially preventable
- 30% to 35% of unplanned readmissions involving older patients are drug related

Int J Qual Health Care 2003& 2012, Age Ageing 2005



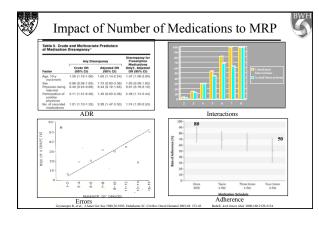
# Importance: Scientific Perspective Benefits and harms of medication use change with time

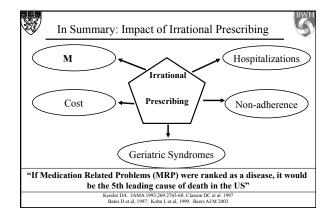
- Tolerance
- Age related changes in pharmacokinetics and pharmacodynamics
- Change in goals of care
- New Diagnosis(drug-disease interaction)
- New medications (drug-drug interaction)
- · Change in clinical condition itself
- Change in life expectancy

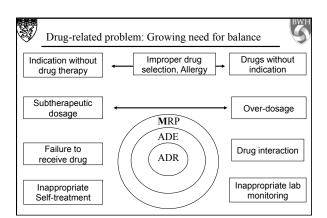


# Importance: Personal Reflection

- With rapid progress in the later half of last century-early data on underuse of appropriate interventions –Potential Under Prescribing
- Guidelines and Quality Measures led to Polypharmacy often Rational Polypharmacy but at times also resulted in Inappropriate Polypharmacy
- Inappropriate prescribing vs. lack of appropriate deprescribing







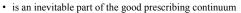
# Deprescribing is

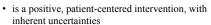
- process of tapering or stopping drugs, aimed at minimizing polypharmacy and improving outcomes
- systematic process of identifying and discontinuing drugs in instances in which existing or potential harms outweigh existing or potential benefits within the context of an individual patient's care goals, current level of functioning, life expectancy, values, and preferences.

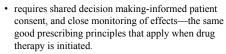
Scott I. JAMA InternMed.2015



### Deprescribing





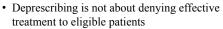


· Requires collaboration with pharmacists and other health professionals, discussions with patients and their caregivers, and use of clinical tools will help physicians to optimize medication lists and deprescribe as appropriate

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# What Deprescribing is NOT



· Rationing

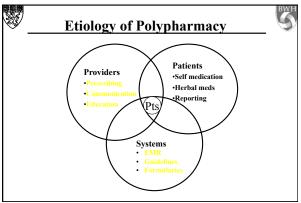


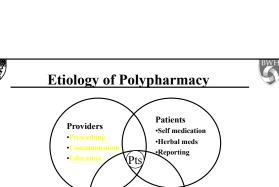


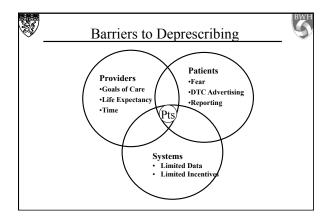
#### Goals

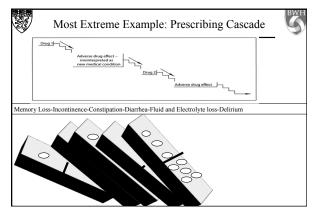
- 1. Discuss the number of prescribed medications as the single most important predictor of inappropriate prescribing
- 2. Define Deprescribing
- 3. Discuss importance of Deprescribing
- 4. List Barriers to Deprescribing including
  - under-appreciation of the scale of polypharmacy-related harm

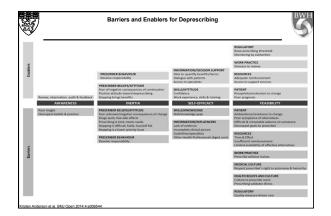
  - multiple incentives to overprescribe reluctance of prescribers and patients to discontinue medication
  - uncertainty about effectiveness of strategies to reduce polypharmacy
- 5. Share ways to counter such barriers and discuss a framework for Deprescribing at End of Life

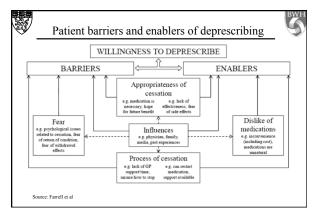




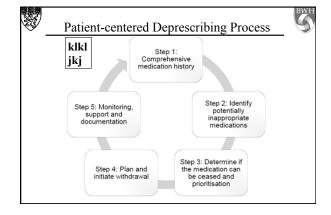


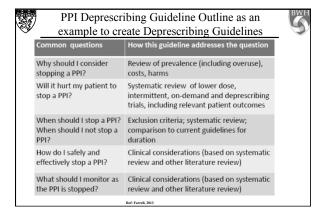


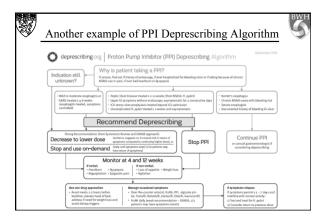


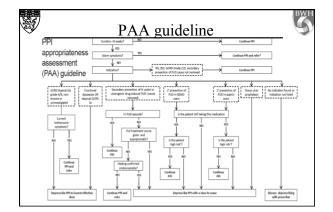


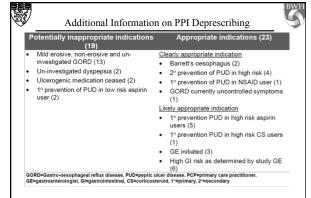
have seen your practice?	
Barriers	Potential Strategies
Perceived and actual patient barriers	Patient-centered deprescribing process
Inadequate guidelines	Structured deprescribing process Guideline to identify medications suitable for deprescribing – proton pump inhibitors (PPIs
Lack of time	Guideline that can be used by all team members (e.g. pharmacist or nurse care managers)
Others?	managers)

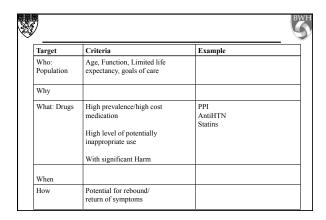


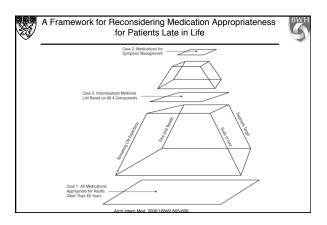














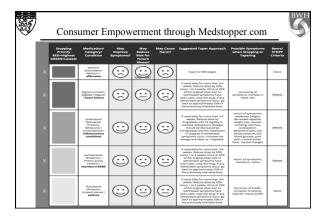
# **Future Questions**

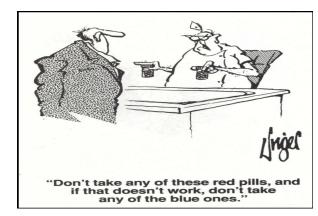
- What factors predict who is at highest risk of medication-induced harm?
- How to develop better evidence on safety and benefits of deprescribing of chronic medications in older patients with multimorbidity?
- · How effective are different strategies for deprescribing?
- What are patient and professional perspectives and attitudes towards deprescribing?
- How can guidelines assist in facilitating evidence based deprescribing?



# Additional Resources

- http://www.lessismoremedicine.com/blog/
- www.Medstopper.com
- http://wp.rxisk.org/polypharmacy







# Take Home Messages

- The single most important predictor of inappropriate prescribing and risk of ADE is the number of prescribed drugs
- Deprescribing is the process of tapering or stopping drugs, aimed at minimizing polypharmacy & improving outcomes- is an inevitable part of the good patient-centric prescribing continuum
- Emerging studies and guidelines suggest the important role pharmacists can play for appropriate deprescribing

