MEDICATION REDUCTION IN LONGTERM CARE-2.0

Otherwise known as…

Deprescribing

Also-reducing Inappropriate Medications

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DISCLOSURE STATEMENT

I have no disclosures to make

DEPRESCRIBING-LTC

WHY ARE YOU HERE, AND WHAT'S IN IT FOR YOU?

(We ALL have something to offer in improving the care of our Frail Elderly in LTC)

Let's see who is attending tonight?
Please use SLIDO to name your Health care Profession

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What is your healthcare position?

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LEARNING OBJECTIVES

After this learning session, attendees should have the MOTIVATION and/or KNOWLEDGE to:-

1. **Commit** to at least 2 changes to improve their Deprescribing

2. **Describe** Problem Based Deprescribing-and begin **practicing** this.

3. **Improve** their Patient-Centred Conversations to promote Effective and Safe Deprescribing.

INTENTIONS AND OUTCOMES FOR THIS SESSION

INTENTION IS TO **CONNECT WITH YOUR NEEDS**, **CURIOSITY**/**TEAMBUILDING**, AND **PROMOTE DEPRESCRIBING IN LTC.**

WORK TOGETHER TO **PROBLEM-SOLVE**,

MOTIVATION

NEW APPROACHES

DEPRESCRIBING-LTC

MEDICATION OVERUSE = POLYPHARMACY IS A GROWING, WORLDWIDE PROBLEM

IT IS ASSOCIATED WITH HARMS, OFTEN QUESTIONABLE BENEFITS, AND REQUIRES EVERYONE TO DO THEIR PART TO IMPROVE.

How did we get here and what can we do to Benefit our LTC patients?

DEPRESCRIBING-LTC

POLYPHARMACY is the use of medications that result in more harm than benefit now or in the future

DEPRESCRIBING-LTC

DEPRESCRIBING is the process of tapering or stopping (inappropriate) medications to minimize polypharmacy and improve patient outcomes

DEPRESCRIBING-LTC

BREAK-OUT SESSION #1 (COLLABORATION)

YOU WILL BE DIVIDED INTO GROUPS
WITH A MIX OF DISCIPLINES- TO PROBLEM SOLVE THE FOLLOWING 2 QUESTIONS FOR 15 MINUTES (EACH PERSON SHOULD CONTRIBUTE IF POSSIBLE)

1. What Barriers can you Identify, that YOU, or your HEALTH CARE TEAM face, to promoting Deprescribing and reducing Medications?

2. Discuss ways/strategies to Reduce these Barriers for yourself and your Team

Keep track of the ideas-on the SLIDO app-Word cloud, or notes

BREAK-OUT SESSION #1-CASE

DAISY

Daisy is 85 years old and getting frailer. She has a hx. of HTN, Depression,Osteoporosis,Osteoarthritis, Overactive Bladder, high cholesterol,Dementia, chest pain 5 yrs. ago. She has been in LTC for 6 months as her reduced mobility and function from her OA made it too difficult to manage in her home. She enjoys the social/activities provided, with reasonable QOL, and one daughter who lives in Ontario. Many friends and husband have died. She is sick of taking all the pills. She has not had a medication review since admission.

BREAK-OUT SESSION #1

RESULTS

HOW DID THIS GO FOR YOU?

DID YOU FIND COMMON BARRIERS (PERSONAL AND TEAM-BASED)?

WHAT ABOUT STRATEGIES?

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What barriers can you identify, that YOU, or your HEALTH CARE TEAM face, to promoting Deprescribing and reducing Medications?

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Discuss ways/strategies to reduce these barriers for yourself and your team

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Do you have any questions regarding Scenario 1?

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DEPRESCRIBING-LTC

THE “BIG PICTURE”

LONGTERM CARE APPROACH

THE SHIFT TO **PALLIATIVE** PARADIGM IN LONGTERM CARE
(WHAT DOES THIS LOOK LIKE?)

And how does this ***help*** us in Deprescribing?

DEPRESCRIBING-LTC

WE THINK WE KNOW WHAT WE SHOULD DO

BUT DON’T KNOW HOW TO DO IT!

LETS FOCUS ON DEVELOPING SOME IDEAS FOR OURSELVES AND OUR HEALTH TEAMS TO

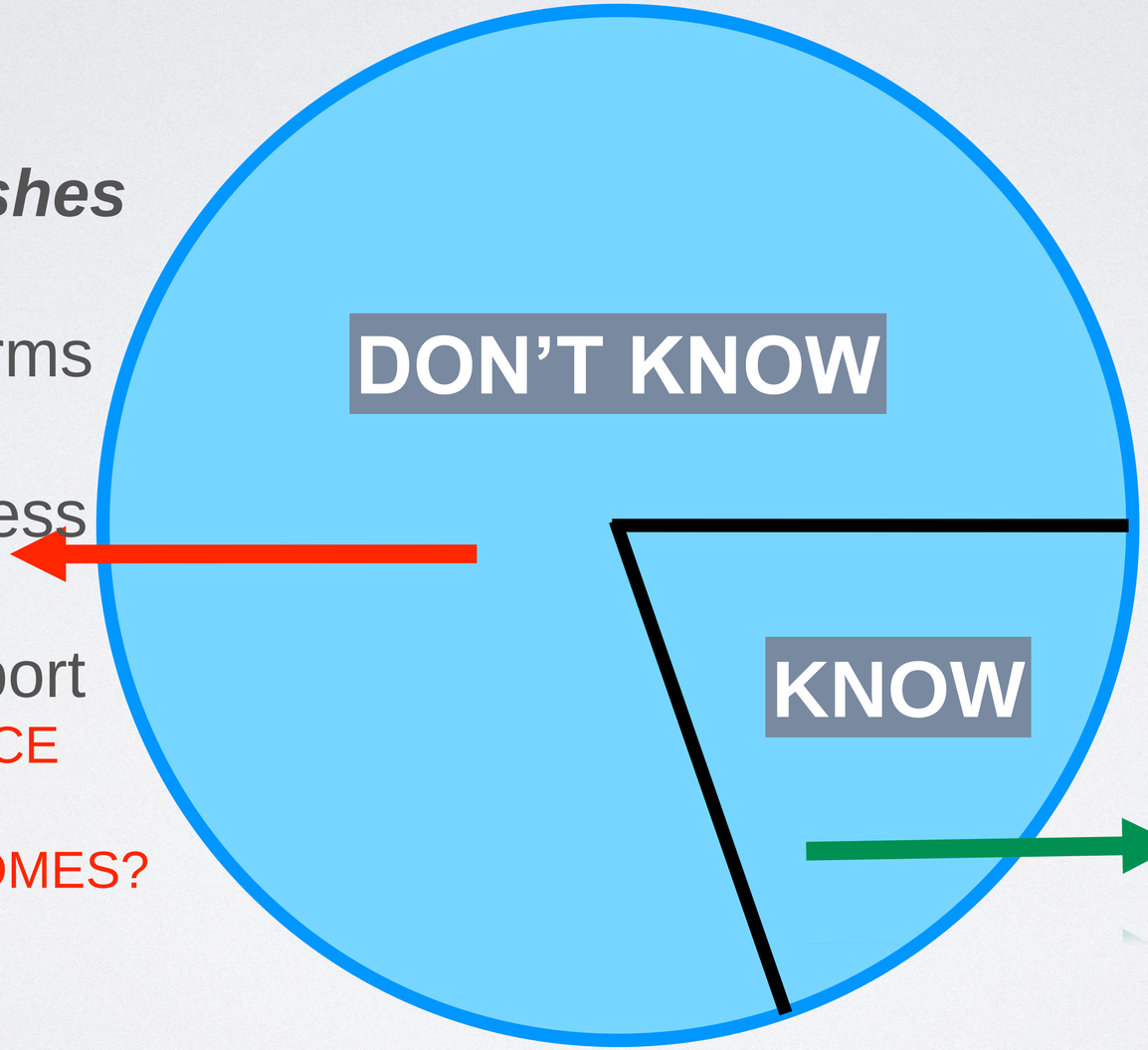
BUILD MOTIVATION, CONFIDENCE, AND THOUGHTFUL ACTION

OUR DEPRESCRIBING UNDERSTANDING

**Patient/Family Wishes*

*Polypharmacy Harms
*Drug Benefits
*Efficient D/P Process
*D/P Risks
*Health Team support

GUIDELINE RELEVANCE
TO LTC?
DEPRESCRIBING OUTCOMES?



Patient/Family Wishes

*Time is already short
*Patient Medical details
*Current "Problem"list
*How We feel about Drugs

PRESSURE TO TX DX

Palliative Care

DEPRESCRIBING-LTC

MAKING IT PERSONAL

HOW WOULD YOU IMAGINE SOMEONE DEPRESCRIBING FOR YOU (OR A LOVED ONE) WHEN THE TIME COMES?

WHAT WOULD YOUR PREFERENCES BE?

DEPRESCRIBING-LTC

DEPRESCRIBING MINDSET

YOU CAN’T CHANGE WHAT YOU DON’T THINK ABOUT!

INDICATIONS TO ASSESS FOR DEPRESCRIBING IN LTC

DEPRESCRIBING-LTC

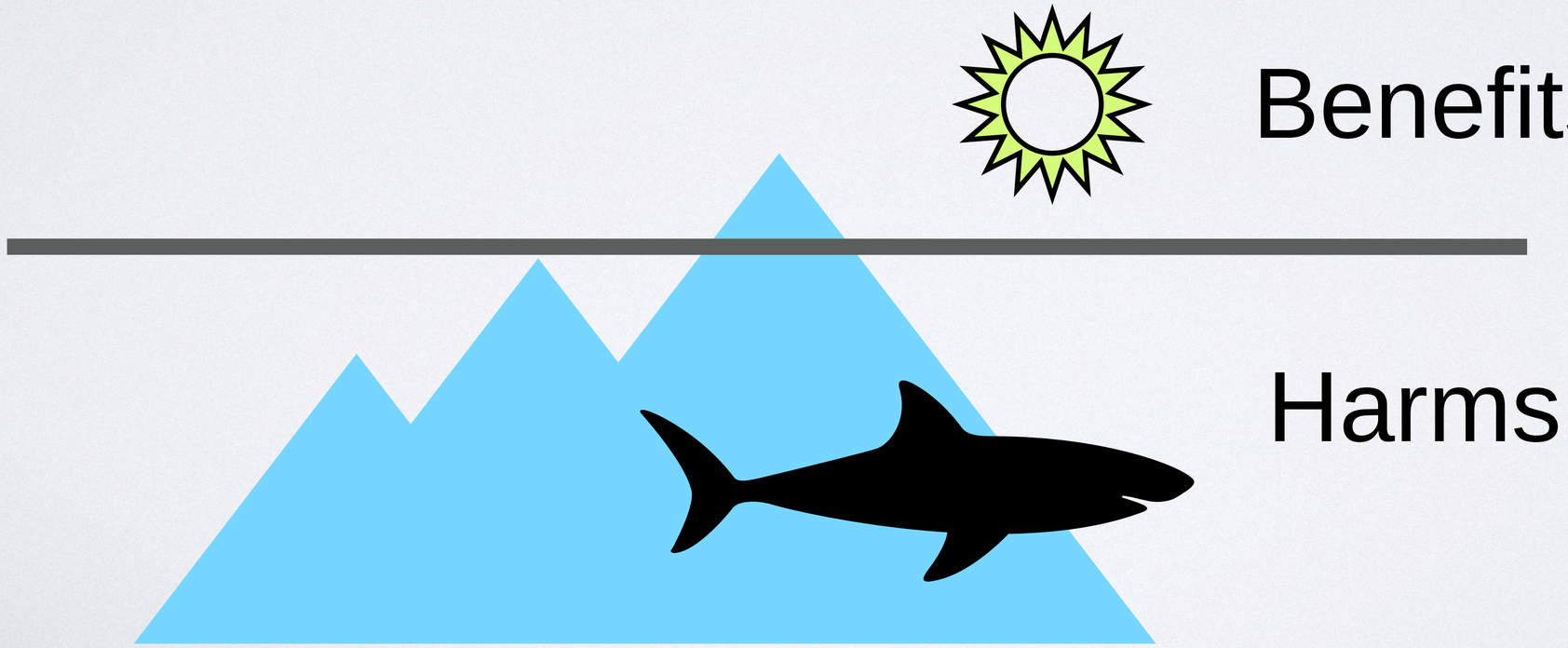
AUDIENCE ALERT!

The next 3 slides need to be noted and remembered by all Health Team Members!!

DEPRESCRIBING-LTC

ALERT!

The absolute number of medications is the single most important factor that predicts adverse drug reactions and harms.



DEPRESCRIBING-LTC

ALERT!

Any new symptom a patient experiences should be suspected to be a possible adverse drug event (A.D.E.) and a potential opportunity to deprescribe.

DEPRESCRIBING-LTC

ALERT!

The Most Important Question to Ask When
Deprescribing or Prescribing a drug in Long Term Care…

“ With all that I know about this Patient, in this condition, at this time, would I/should I start this medication, at this dose, now?”

Problem-based deprescribing

Using your patients' clinical concerns to guide medication review

Frank Molnar MSc MD CM FRCPC Chris Frank MD CCFP(COE) FCFP

Clinical question

How can I best approach deprescribing for my medically complex frail seniors?

Bottom line

A recently published article in the *Canadian Geriatrics Society Journal of CME* provides a practical approach to deprescribing with older patients who have complex health issues.[1] Many FPs take a problem-based approach to optimizing medications rather than doing medication reviews as a stand-alone activity.

Evidence

- Polypharmacy, defined as using more medications or a higher dose than clinically indicated, is more common in the geriatric population and increases the risk of adverse drug events (ADEs).[2]
- Older patients are at greater risk of ADEs owing to body composition and physiology changes that result in altered pharmacokinetic and pharmacodynamic properties of medications, as well as owing to interactions with other medications.[3]
- These risks are sometimes not fully appreciated by clinicians, which is supported by the fact that ADEs contribute to up to 20% of hospitalizations in the elderly.[4-6]

Approach

Seniors typically present to FPs for specific clinical or functional problems (eg, falls, incontinence, cognitive changes, weight loss) rather than to seek a general review of medications. With older patients, FPs should always consider medications as a primary or contributing factor in any clinical presentation and review the patient's medication list as a key part of care. Any new symptom a patient experiences should be screened as a possible ADE and as a potential opportunity to deprescribe.

While resources such as the Beers criteria[7] and the STOPP/START[8] (Screening Tool of Older People's Prescriptions and Screening Tool to Alert to Right Treatment) criteria promote a deprescribing approach, their focus is on the medications themselves and their appropriateness in the geriatric population in general terms. Problem-based deprescribing is a complementary strategy to enhance the use of these "optimal prescribing" criteria and help prioritize a deprescribing focus. **Box 1**[9] outlines the steps to promoting problem-based deprescribing.

Box 1. Steps to problem-based deprescribing

1. Routinely include ADEs in the differential diagnosis when a patient presents with a new symptom; this helps to recognize ADEs, as well as to avoid prescribing cascades
2. Prioritize clinical issues according to risk; start problem-based deprescribing by focusing on the highest-risk clinical issues (eg, delirium and falls)
3. When assessing concerning medications for deprescribing, weigh risk versus benefit of deprescribing and use evidence-based guidelines where available[9]
4. Forge a working partnership between the patient, caregiver, other physicians, and pharmacist to determine a plan for deprescribing and for monitoring outcomes

ADE—adverse drug event.

Implementation

The most important step is to consider the role of medications in all concerns brought by your older patients (and younger ones, too!). For additional resources on problem-based deprescribing for common issues like incontinence, anorexia and weight loss, postural hypotension, and falls and delirium, visit **canadiangeriatrics.ca/wp-content/uploads/2018/10/5_Frank-Molnar-Article-Formatted-Final.pdf**.[1] Clinical practice guidelines for deprescribing benzodiazepines, proton pump inhibitors, and antipsychotics can be found at **deprescribing.org/resources/deprescribing-guidelines-algorithms**.[10-12]

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Competing interests
None declared

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Problem-Based Deprescribing

(How is *this* person/patient doing now?)

Patient-Focused vs. **Disease**-Focused

Context for understanding
Patient/Family Preferences/Concerns

Should include **Geriatric Syndromes** and
Functional status

Helps **Prioritize** D/P Plan

Use along with D/P Tools
guidelines

DEPRESCRIBING-LTC

The Deprescribing process has 4 main Steps

1. Obtain Accurate Drug and Problem List, Reasons,Dx's WHAT IS **THIS** PERSON'S CONDITION?

2. Assess Risk for drug Harm/Benefit

3. Rank Drugs to Taper/Stop (Start?)

4.Prioritize Changes and make a Plan-after discussion (and plan to Monitor)

DEPRESCRIBING-LTC

Assess———-Prioritize/Plan————-Implement

Ranking=Prioritizing the Order of Drugs to Stop/Taper

1. No Benefit, Indication, Contraindicated, or a Cascade Drug
2. Harm > Benefit=present OR future?
3. For Symptom or disease=Symptoms stable or nil?
4. Preventive drug-Potential benefit unlikely to be realized because of limited life expectancy

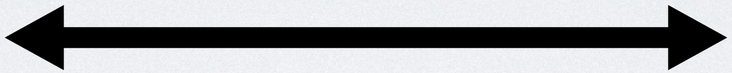
1 = First to Stop/Taper, 5=Last to Stop/Taper

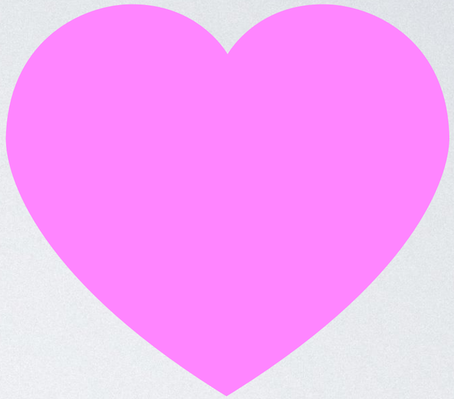
DEPRESCRIBING-LTC

QUESTIONS AND COMMENTS

DEPRESCRIBING-LTC

CONVERSATIONS





In the context of Life Limiting illness, Caregivers or Family members will act as gatekeepers of care when it comes to managing medications

DEPRESCRIBING-LTC

HELPFUL CONVERSATIONS

WHEN?

WHY?

WHO?

HOW?

WHAT?

WHAT TO DO WHEN DIFFICULT?

DAISY AND DEPRESCRIBING

Daisy has a fall-you and your team considers what to do…

Drug list

ASA-81 mg
Metoprolol-25mg BID
Hydrochlorthiazide-25mg
Enalapril-10mg
Simvastatin-20mg
Ibuprofen-200mg-BID
Omeprazole-20mg
Fluoxetine-20mg
Oxybutinin- 2.5mg TID
Alendronate-70mg weekly
Calcium-500mg + Vit D
Temazepam-15mg
Lactulose 15ml BID

She thinks she lost her balance, and can't recall any faintness or palpitations. She has had several falls in past 3/12. She has constipation, incontinence, poor memory, and is occasionally disoriented. Her appetite is not great due to indigestion. She has increased pain/stiffness for weeks. She is bruised, but otherwise seems ok.

DEPRESCRIBING-LTC

Case - DAISY

WE NEED TO THINK LIKE CURIOUS/SUSPICIOUS DETECTIVES-
THE CRIME IS **POLYPHARMACY** AND THE DRUGS ARE SUSPECTS-
ALONE OR IN “GANGS”!

How could Daisy’s medications have contributed to her fall?

Are there other potential Harms from Daisy’s medications?

Can you see any drug Cascades?

Can you build a problem list to look toward a Plan to Deprescribe?

What are your Priorities for Medication Reduction?

What can Team members contribute (Aides, RNs, Pharmacists)?

Do you ignore the polypharmacy and let things settle?

What does her daughter think? (She is all for treating her mom fully)

Why has Daisy been more stiff lately? (New treatable condition?)

BREAK-OUT SESSION #2

Please consider the following points in your breakout groups, and post questions that arise in SLIDO for us to share and brainstorm over.

TAKE 15 MINUTES TO DISCUSS

*How do you overcome resistance from Daisy's daughter to Deprescribe?
*What other information do you need to Deprescribe appropriately and Safely?
*What changes are most important, urgency?
*How long do you expect full med. reduction plans to take, and how would you taper meds.?(any resources?)
* Have you involved everyone who you need for a safe outcome?
* What are your targets for benefits, and how will you monitor for negative/positive effects?
* Are there Barriers to this process, and what solutions could there be?

TRY THE PROBLEM BASED DEPRESCRIBING APPROACH

Daisy’s Medication List

ASA-81 mg
Metoprolol-25mg BID
Hydrochlorthiazide-25mg
Enalapril-10mg
Simvastatin-20mg
Ibuprofen-200mg-BID
Omeprazole-20mg
Fluoxetine-20mg
Oxybutinin- 2.5mg TID
Alendronate-70mg weekly
Calcium-500mg + Vit D
Temazepam-15mg
Lactulose 15ml BID

Daisy’s Problem List

She has constipation,incontinence, poor memory, and is occasionally disoriented. Her appetite is not great due to indigestion. She has increased pain/stiffness for weeks. She is bruised, but otherwise seems ok.

BREAK-OUT SESSION #2 RESULTS

CAN WE GET AN IDEA FROM THE GROUP NOW ABOUT YOUR ATTITUDES AND UNDERSTANDING OF REDUCING MEDICATIONS IN LTC?

PLEASE RATE YOUR MOTIVATION TO CONTINUE WORKING TOWARDS BETTER MEDICATION MANAGEMENT AND DEPRESCRIBING IN LTC-ON A SCALE OF 1-4

NOW, RATE YOUR UNDERSTANDING OF PROBLEM BASED DEPRESCRIBING-WHAT IT IS AND HOW IT MIGHT BE APPLIED FOR YOU AND YOUR TEAM 1-4

SLIDO poll

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Rate your understanding of problem based deprescribing- what it is and how it might be applied for you and your team on a scale of 1-4

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Please rate your motivation to continue working towards better medication management and deprescribing in LTC on a scale of 1-4

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Questions from Scenario 2?

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DEPRESCRIBING-LTC

CASE # 2-STANLEY FAWLS

Mr. Stanley Fawls is an 89 year old widower, weighing 55kg, and living in a nursing home. He is quite frail.

His medical history includes:- BPH, Atrial Fibrillation, Chronic Kidney disease, Hypertension, “Indigestion”, Chronic Back pain, and Moderate-Severe Alzheimer’s Dementia, Depression.

Stanley has been falling more for several months, and his urine has started to have a foul smell.

You are asked to prescribe an antibiotic-AND you have some extra TIME to review Stanley’s Medications

STANLEY'S MEDICATION LIST

1. Amitriptyline- 25mg p.o. at bedtime
2. Domperidone-10mg p.o. QID
3. Donepezil-10mg p.o. daily
4. Ibuprofen-400mg p.o. every 8 hrs.
5. Lansoprazole-30mg p.o. daily
6. Lorazepam-1mg p.o. at bedtime
7. Sertraline-50mg p.o. daily
8. Terazosin-5mg p.o. daily
9. Warfarin-3mg p.o. daily
10. Acetaminophen with codeine-1-2 tabs p.o. Q6hrs PRN
11. Sennosides-2 tabs. p.o. at bedtime

AS WE NEAR THE END…

HOW HAS YOUR UNDERSTANDING CHANGED, AND WHAT BARRIERS ARE YOU FACING WITH STANLEY?

TIME, KNOWLEDGE, TOOLS, CONVERSATIONS, SUPPORT…???

HABIT CHANGE-TO DEPRESCRIBE

1. You have a part you can play to reduce Medications in LTC.
Anytime you notice a problem with a patient-look at the Medications as possible causes.

2. Tonight please complete an INTENTION statement for yourself:- Such as-

“When _____ occurs with a LTC patient, I will **review medications** as a first step.”

“When _____occurs with a LTC patient, I will have a **conversation** with _____”

DEPRESCRIBING-LTC

WRAP-UP

FINAL QUESTIONS?