DEPRESCRIBING: WHAT DO I NEED TO KNOW?

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OBJECTIVES

- Briefly review the concept of medication appropriateness.
- Define and discuss deprescribing.
- Identify potentially nonessential medication classes for seriously ill patients.
- Discuss effective communication tips for having difficult deprescribing conversations.
MEDICATION APPROPRIATENESS

- Important factors for determining medication appropriateness:
  - Remaining life expectancy of patient
  - Time until therapeutic benefit of medication
  - Goals of care
  - Treatment target
MEDICATION APPROPRIATENESS

- Relatedness
- Necessity
- Deprescribing
DEPRESCRIBING
DEPRESCRIBING

- Planned and supervised
- Process of dose reduction or discontinuation of medications that are potentially harmful or are no longer necessary
- Should be considered as an essential part of “good prescribing”
DEPRESCRIBING: WHAT’S THE BIG DEAL?

- Geriatric Patients
- Rx Quantity
- Adverse Drug Reactions

Morbidity & Mortality
POLYPHARMACY

- “The simultaneous use of multiple drugs to treat a single ailment or condition”
- Risk increases ≥ five medications
- It is estimated that over half of Medicare beneficiaries receive at least five medications
- Adverse drug events, increased hospitalization, physical and cognitive decline, drug-drug interactions, falls, prescribing cascades
TOOLS

- Anticholinergic Activity
- Beers Criteria
- Screening Tool of Older Person’s Prescriptions (STOOP)
- FORTA (Fit For The Aged)
- Medication Appropriateness Index
- CMS Endorsed NHPCO Relatedness Flow Chart
NONESSENTIAL MEDICATIONS
NONESSENTIAL MEDICATIONS: DISCONTINUATION

- Indications for discontinuation:
  - **Diminished benefit:**
    - Clinical improvement
    - Stabilization
    - Lack of clinical response
  - **Increased risk:**
    - Medication-related adverse effects
    - Drug interactions
    - Unsafe utilization (e.g., high-risk medications for an age group)
NONESSENTIAL MEDICATIONS: DISCONTINUATION

- Step one: MEDICATION RECONCILIATION
- Recognizing an indication for discontinuing a medication:
  - Lack of clinical benefit, adverse effects, clinical improvement
- Prioritize medications to be targeted for discontinuation
- Document approval of discontinuation recommendation
- Discontinue the medication(s) appropriately, coordinating with the patient, caregivers, and other providers
- Monitor the patient for beneficial and harmful effects of discontinuation
ADVERSE DRUG WITHDRAWAL EVENTS

- Significant set of signs or symptoms caused by the removal of a drug
- Often abbreviated ADWE to distinguish from adverse drug events (ADE)
- Commonly associated with: $\beta$-blockers, centrally acting sympatholytics, sedative hypnotics, opiates, tricyclic antidepressants, antipsychotics, stimulants and corticosteroids
## Medication Classes

<table>
<thead>
<tr>
<th>Medication Class</th>
<th>Example Class</th>
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<tbody>
<tr>
<td>Anticoagulants</td>
<td>Cholinesterase Inhibitors</td>
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<tr>
<td>Statins</td>
<td>Oral Diabetes Medications</td>
</tr>
<tr>
<td>Antiplatelets</td>
<td>Vitamins &amp; Supplements</td>
</tr>
<tr>
<td>Diuretics</td>
<td>Antihypertensives</td>
</tr>
<tr>
<td>Bisphosphonates</td>
<td>Psychogenic Agents</td>
</tr>
</tbody>
</table>
G30.9: ALZHEIMER’S DISEASE

- Multiple comorbidities
- Increase in hospitalizations or ER visits
- Recent diagnosis of pneumonia or sepsis
- Weight loss
- Speech, <10 words per day
- Dysphagia
- Urinary and fecal incontinence
- Difficulty sitting or walking without assistance
- Flat affect
Inhibition
Reversibly and noncompetitively inhibits acetylcholinesterase (enzyme responsible for the breakdown of acetylcholine)

Increase
Increased concentrations of acetylcholine available for synaptic transmission in the CNS

Improvement
Modest improvements in cognitive deficits
ANTIHYPERTENSIVES
J44.9: COPD

- Severe dyspnea at rest
- Unresponsive to bronchodilators
- Fatigue
- Chronic cough
- Increased hospitalizations and/or ER visits
- Increased respiratory infections
- Respiratory failure

- Hypoxemia
- Hypercapnia
- Right heart failure
- Resting tachycardia
- Weigh loss of >10% body weight
METERED DOSE INHALERS

- Wash hands with warm soapy water.
- Remove cap and hold inhaler upright.
- Shake inhaler.
- Breathe out slowly through mouth.
- Hold inhaler upright at mouth.

- While breathing in, press down on inhaler once to release medication.
- Continue to breathe in slowly and deeply.
- Hold your breath for 10 seconds.
- Rinse mouth thoroughly and spit.
150.9: HEART FAILURE, UNSP.

- Symptomatic on optimal therapy
- Angina at rest
- Symptomatic with exertion and symptomatic at rest
- Symptomatic arrhythmia
- History of cardiac arrest
- Syncopal episodes
- Brain bleed
- LVEF < 20%
ANTIPLATELETS AND ANTICOAGULANTS

**Antiplatelets**
- Aspirin
- Cilostazol
- Clopidogrel
- Prasugrel
- Ticagrelor

**Anticoagulants**
- Apixaban
- Edoxaban
- Rivaroxaban
- Warfarin
G31.1: SENILE DEGENERATION OF THE BRAIN

- Unintentional, significant weight loss (>10%)
- Assistance with multiple ADLs
- Serum albumin < 2.5 g/dL
- Dysphagia with aspiration
- Increasing hospitalizations
- Multiple comorbidities
SULFONYLUREAS

**Action**
- Stimulation of insulin from the pancreatic beta cells
- Decreased glucagon production in the liver

**Utilization**
- Release of insulin moves glucose from the blood into cells

**Reduction**
- Reduction in blood glucose levels
ORAL BISPHOSPHONATES

Binds to hydroxyapatite sites in bone

Inhibits osteoclast mediated bone resorption

Reduced bone turnover, increased bone mass, indirect increase in bone mineral density
C34.90: MAL NEO OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG

- PPS < 70%
- Assistance with ≥ 2 ADLs
- Metastatic disease
- Continued decline despite interventions
- Patient refusing further interventions
- Significant comorbidities
HMG-COA REDUCTASE INHIBITORS (STATINS)

Inhibition:
- HMG-CoA reductase inhibited (rate limiting step in cholesterol synthesis)

Reduction:
- Reduction in the production of mevalonic acid (early precursor of cholesterol)

Compensation:
- Upregulation of LDL receptor expression on hepatocytes

Catabolism:
- Accelerated LDL uptake
- Decreased TC, LDL, VLDL, TG levels
COMMUNICATION TIPS
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- Professional behavior
- Open-ended questions
- Direct, honest, clear, specific
- Acknowledge limitations
- Consistent messages
  - Team communication
- Identify key family members and surrogate decision makers
- Continually adjust expectations
  - Individualized care
COMMUNICATION TIPS: WORDS MATTER

- Individualized
- Max benefit
- Patient goals
- Decrease burden

- Stop
- Quit
- Cheap
- Non-covered
COMMUNICATION TIPS: ASK-TELL-ASK
COMMUNICATION TIPS: BUILD

- Build
- Understand
- Inform
- Listen
- Develop
## COMMUNICATION TIPS: SPIKES

<table>
<thead>
<tr>
<th>Step</th>
<th>Tips</th>
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<tbody>
<tr>
<td><strong>Set up</strong></td>
<td>- Plan, setting, sit down, eye contact, posture, timing</td>
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<tr>
<td><strong>Perception</strong></td>
<td>- Ask for current understanding</td>
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<tr>
<td><strong>Invitation</strong></td>
<td>- Ask permission; how much information is desired?</td>
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<tr>
<td><strong>Knowledge</strong></td>
<td>- Provide information; be clear and direct; pause for questions and processing</td>
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<tr>
<td><strong>Emotion</strong></td>
<td>- Attend to emotion before moving on; respond with empathy</td>
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<tr>
<td><strong>Summarize &amp; Strategize</strong></td>
<td>- Plan for next steps; be concrete; confirmation</td>
</tr>
</tbody>
</table>
QUESTIONS?
THANK YOU!
REFERENCES

- Baily, FA, Harman, SM. Palliative care: The last hours and days of life. In: UpToDate, Bruera, E (Section Ed), UpToDate, Waltham, MA.
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- Rochon PA. Drug prescribing for older adults. In: UpToDate, Schmader KE (Section Ed), UpToDate, Waltham, MA.