



EDUCATIONAL RESOURCES

DEPRESCRIBING: WHAT DO I NEED TO KNOW?

Ellen Fulp, PharmD, MSPC, BCGP
Director of Pharmacy Education, AvaCare, Inc.
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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.

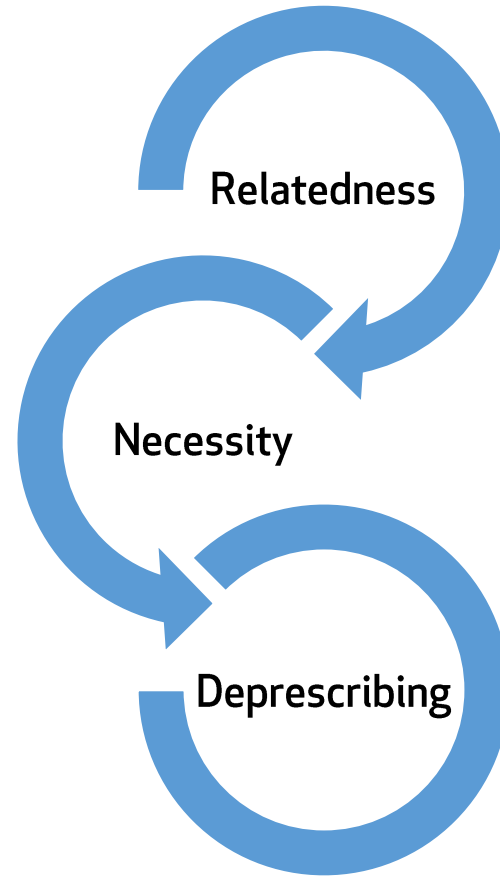


MEDICATION APPROPRIATENESS

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



MEDICATION APPROPRIATENESS





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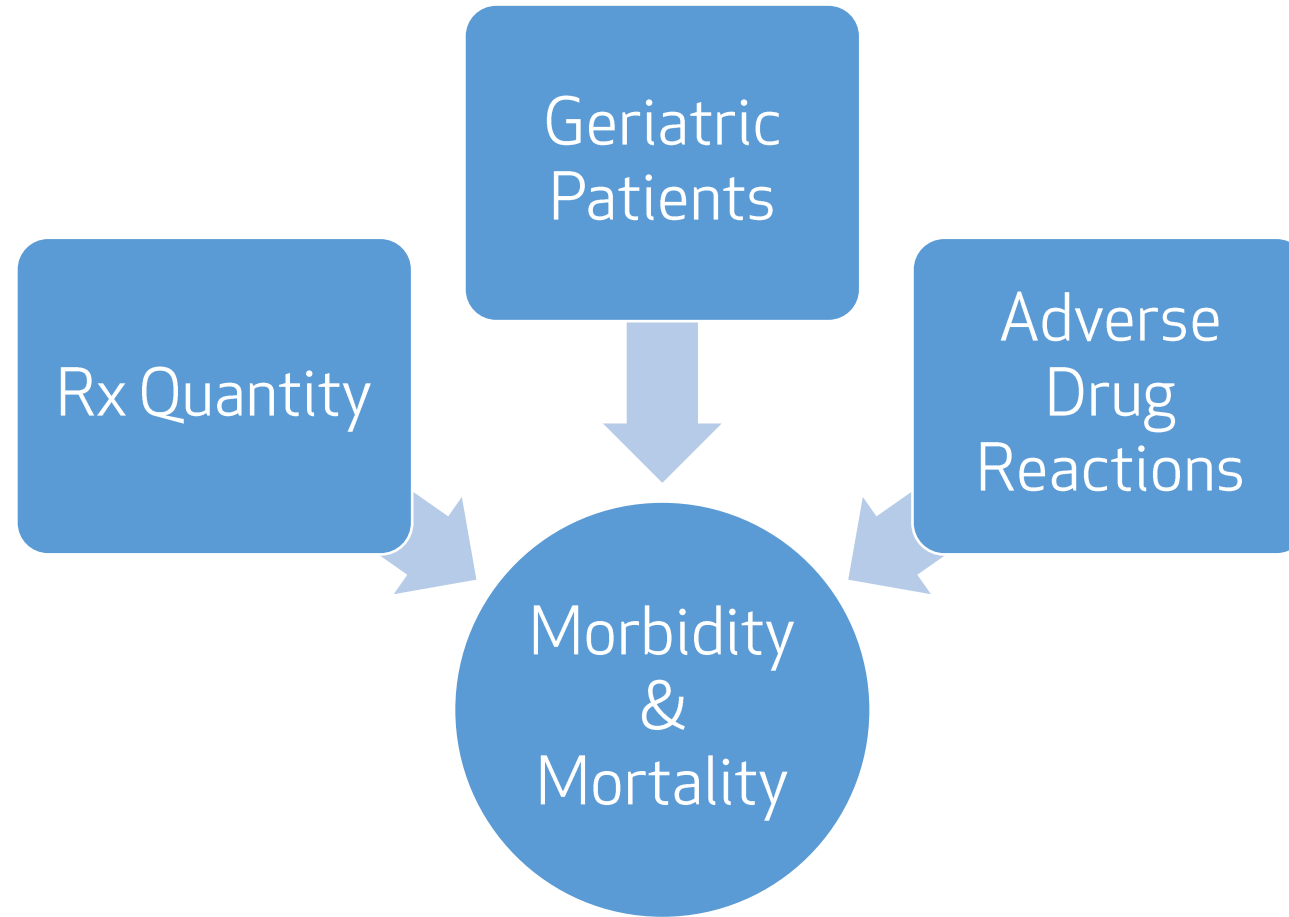
DEPRESCRIBING

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”

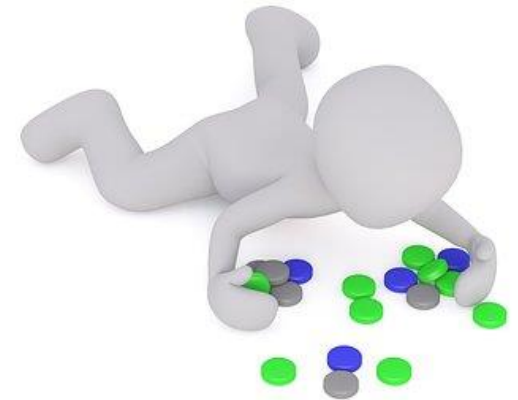


DEPRESCRIBING: WHAT'S THE BIG DEAL?



POLYPHARMACY

- “The simultaneous use of multiple drugs to treat a single ailment or condition”
- Risk increases \geq 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
(STOPP)

FORTA
(Fit For The Aged)

Medication
Appropriateness
Index

CMS Endorsed
NHPCO
Relatedness Flow
Chart



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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: β -blockers, centrally acting sympatholytics, sedative hypnotics, opiates, tricyclic antidepressants, antipsychotics, stimulants and corticosteroids



HOSPICE: MEDICATIONS TO RECONSIDER

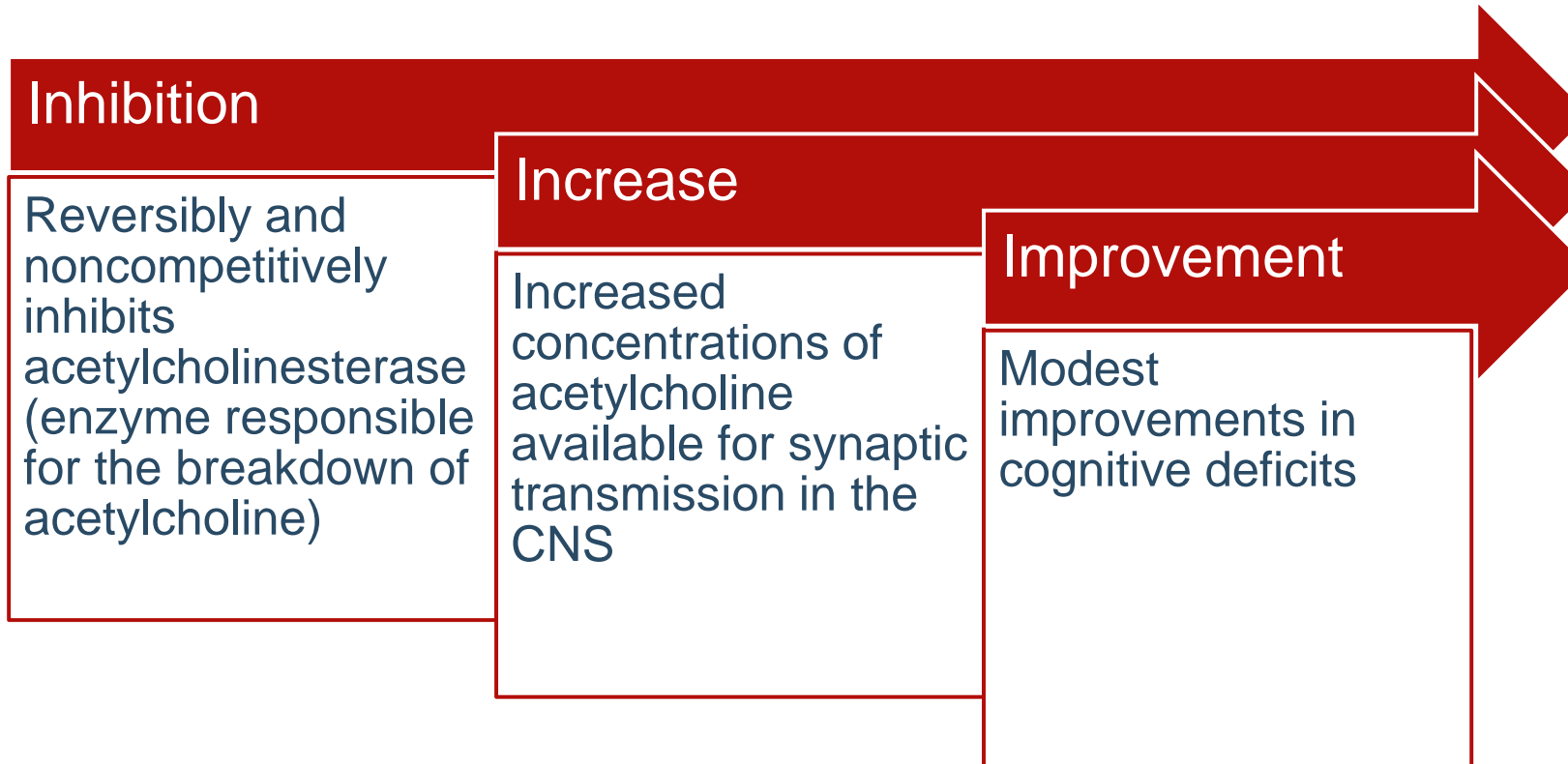
Medication Classes	
Anticoagulants	Cholinesterase Inhibitors
Statins	Oral Diabetes Medications
Antiplatelets	Vitamins & Supplements
Diuretics	Antihypertensives
Bisphosphonates	Psychogenic Agents

G30.9: ALZHEIMER'S DISEASE

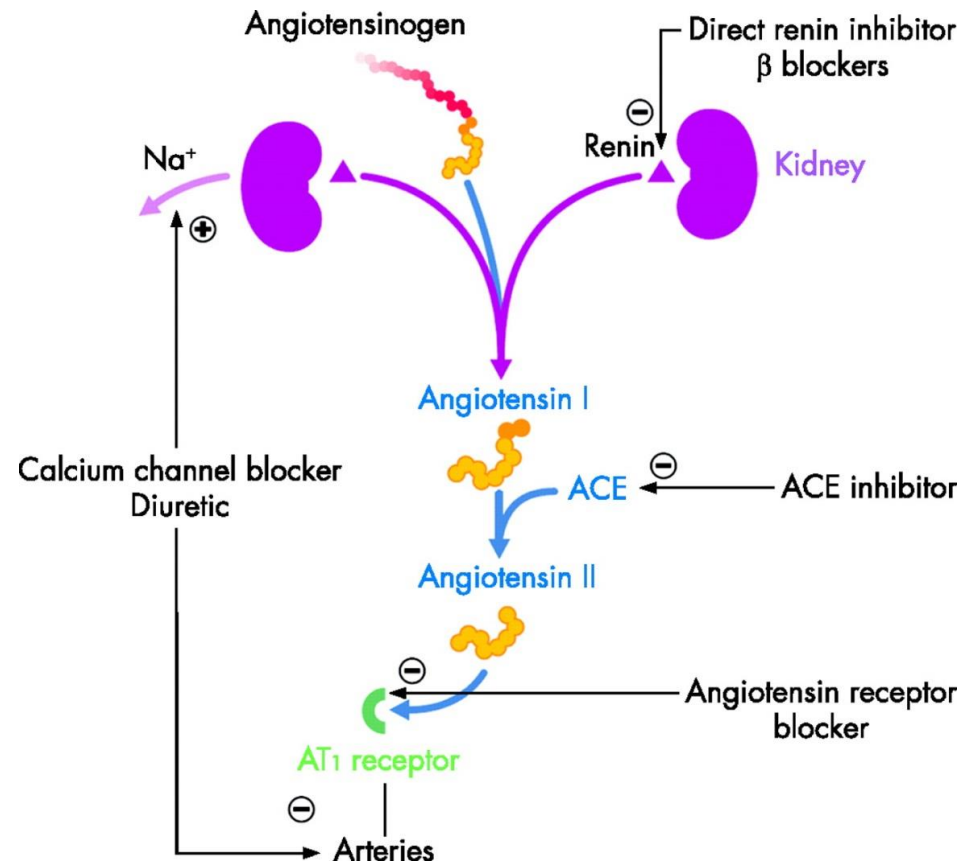


- Multiple comorbidities
- Increase in hospitalizations or ER visits
- Recent diagnosis of pneumonia or sepsis
- Weight loss
- Speech, <10 words per day
- Dysphagia
- Urinary and fecal incontinence
- Difficulty sitting or walking without assistance
- Flat affect

ACETYLCHOLINESTERASE INHIBITORS



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
- Weight 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.

I50.9: 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%

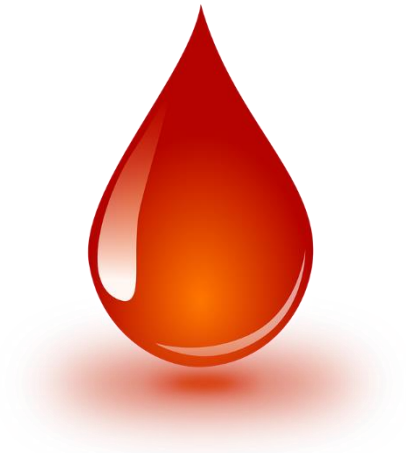
ANTIPLATELETS AND ANTICOAGULANTS

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

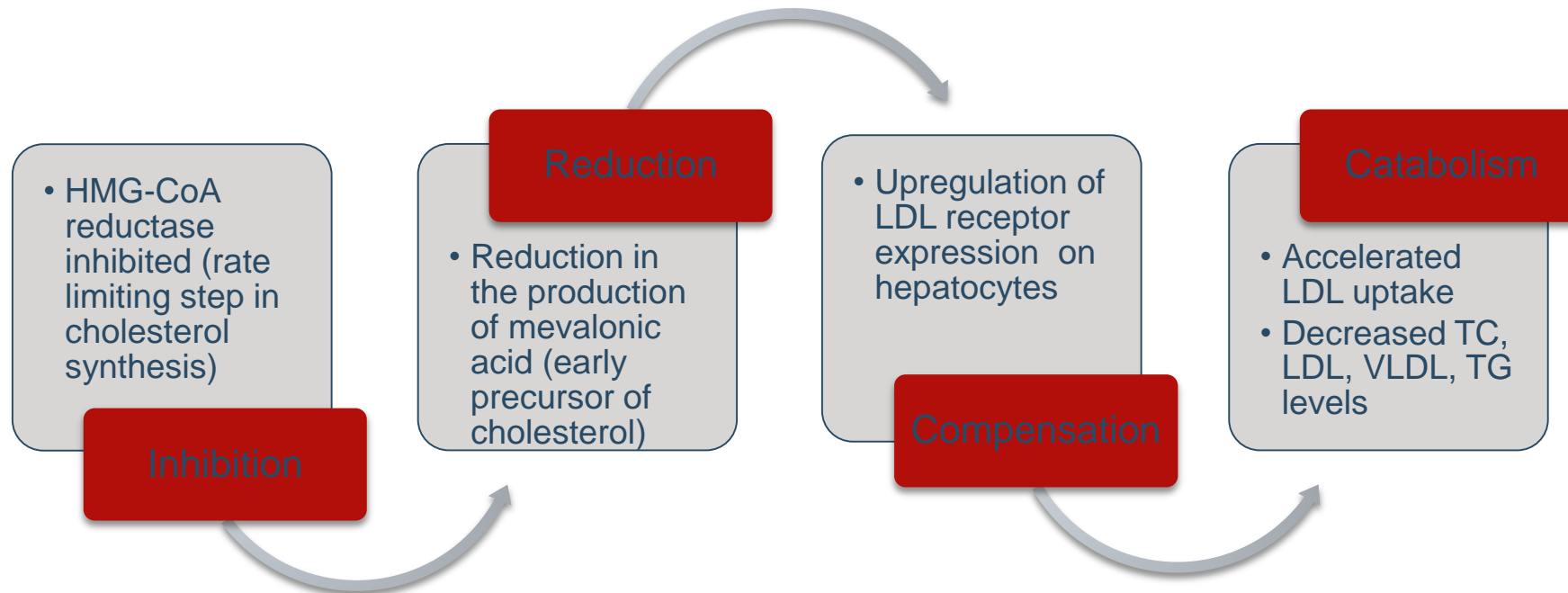
Reduced bone turnover, increased bone mass, indirect increase in bone mineral density

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)





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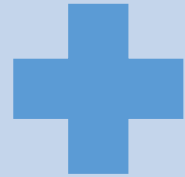
COMMUNICATION TIPS

COMMUNICATION TIPS

- 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

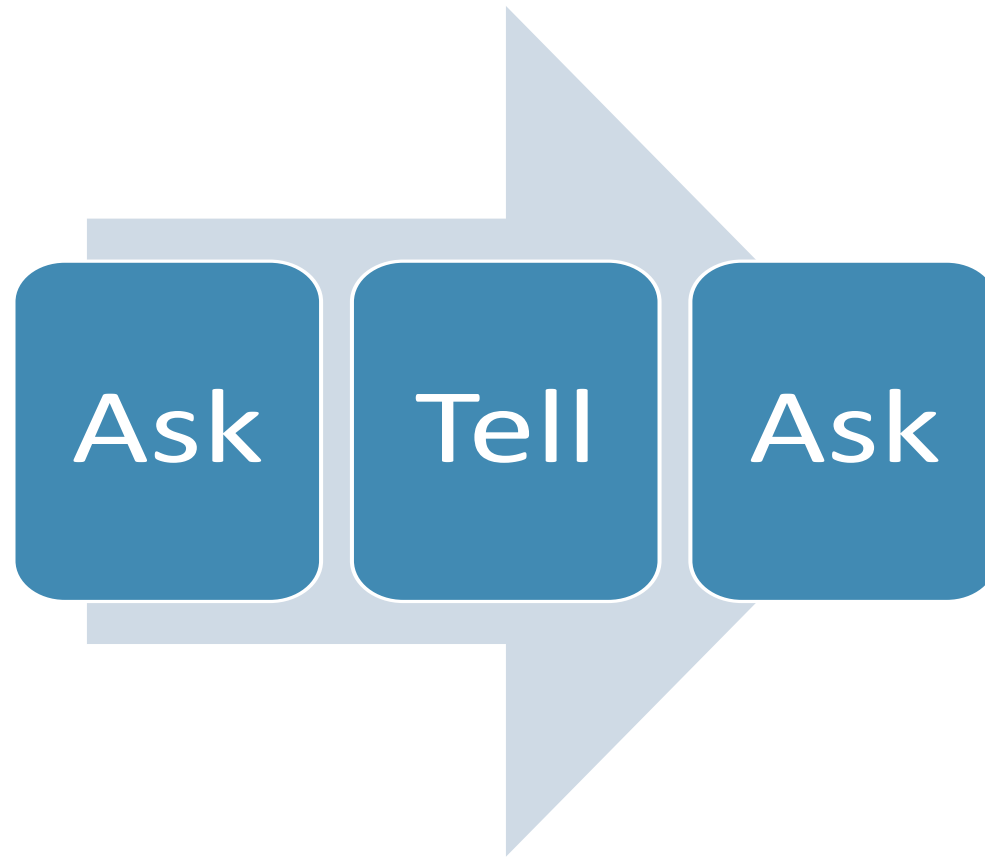


- Individualized
- Max benefit
- Patient goals
- Decrease burden

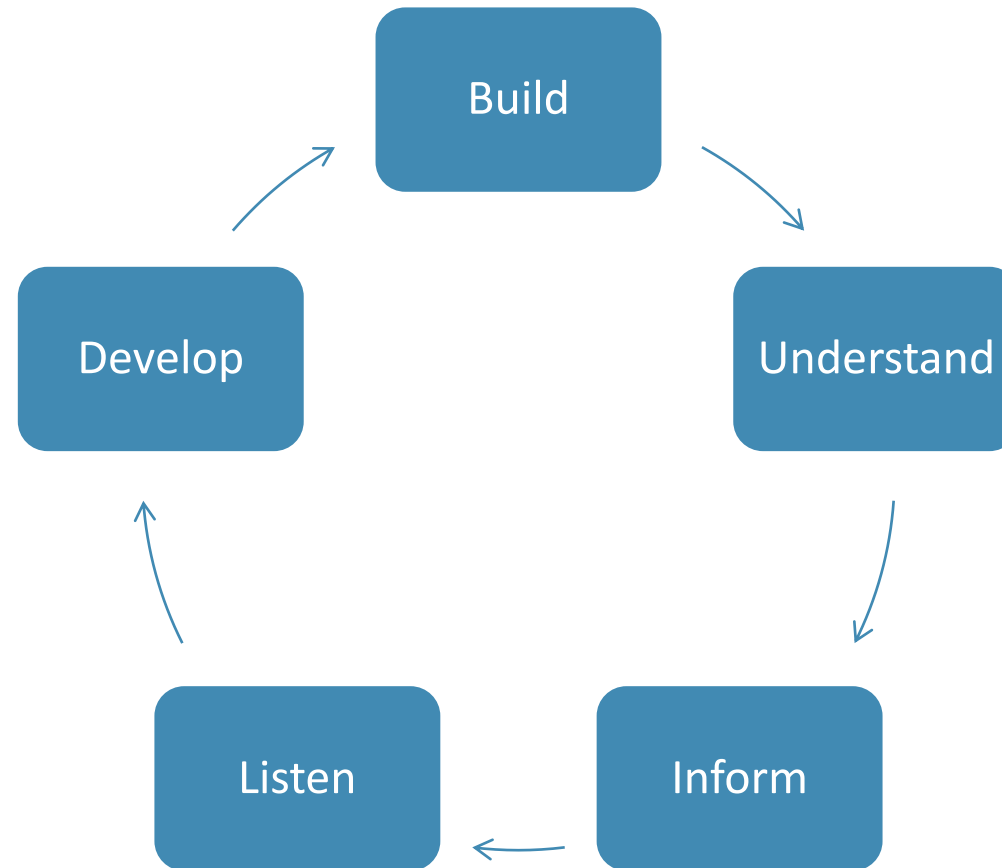


- Stop
- Quit
- Cheap
- Non-covered

COMMUNICATION TIPS: ASK-TELL-ASK



COMMUNICATION TIPS: BUILD



COMMUNICATION TIPS: SPIKES

Set up

- Plan, setting, sit down, eye contact, posture, timing

Perception

- Ask for current understanding

Invitation

- Ask permission; how much information is desired?

Knowledge

- Provide information; be clear and direct; pause for questions and processing

Emotion

- Attend to emotion before moving on; respond with empathy

Summarize & Strategize

- Plan for next steps; be concrete; confirmation



EDUCATIONAL RESOURCES

QUESTIONS?



EDUCATIONAL RESOURCES

THANK YOU!

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