Deprescribing for the Geriatric Population

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- Dr. Michael Stockman

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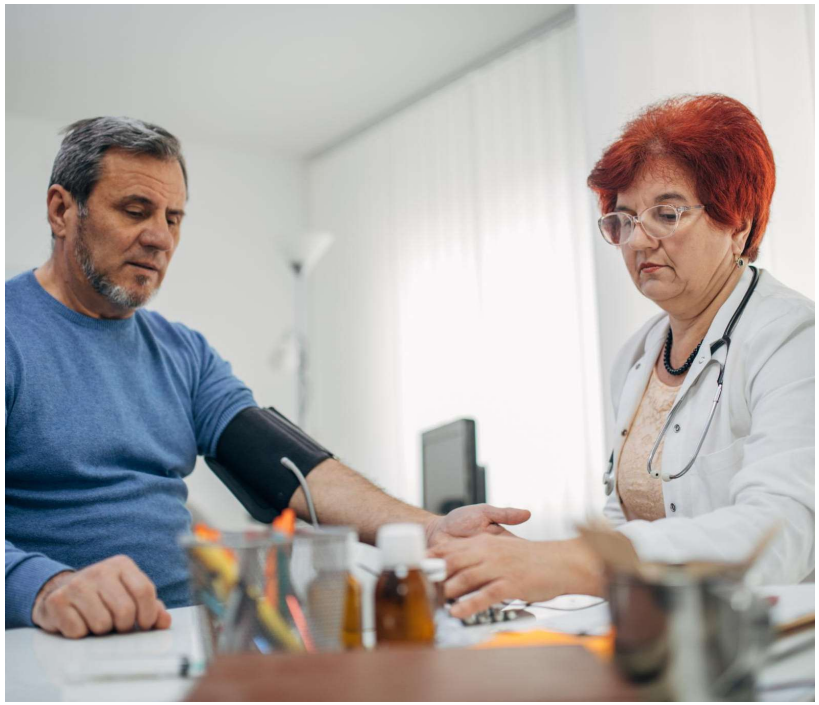
Goals:

- Define the concept of deprescribing and explain its importance in geriatric care.
- List medications commonly considered high-risk for older adults.
- Describe the key steps involved in an effective deprescribing process.
- Analyze how deprescribing influences quality measures and patient outcomes.
- Identify and discuss common barriers to implementing deprescribing strategies.

What is Deprescribing?



Definition and Purpose

Deprescribing is the planned and supervised systematic process of reducing or stopping unnecessary or harmful medications to improve patient safety.

Relevance in Geriatrics

Polypharmacy in older adults increases risks; deprescribing helps manage medication complexity and prevent adverse effects.

Proactive and Collaborative Approach

Deprescribing involves shared decision-making, careful assessment, and ongoing monitoring to ensure effectiveness and safety.

Goal of Deprescribing

The goal is to enhance quality of life and optimize medication regimens tailored to patient goals and health status.

Why is Deprescribing Crucial?

Risks of Polypharmacy

Polypharmacy increases risks of adverse drug reactions, interactions, and nonadherence in older adults.

Benefits of Deprescribing

Deprescribing reduces medication burden, improves patient engagement, and enhances therapeutic outcomes.

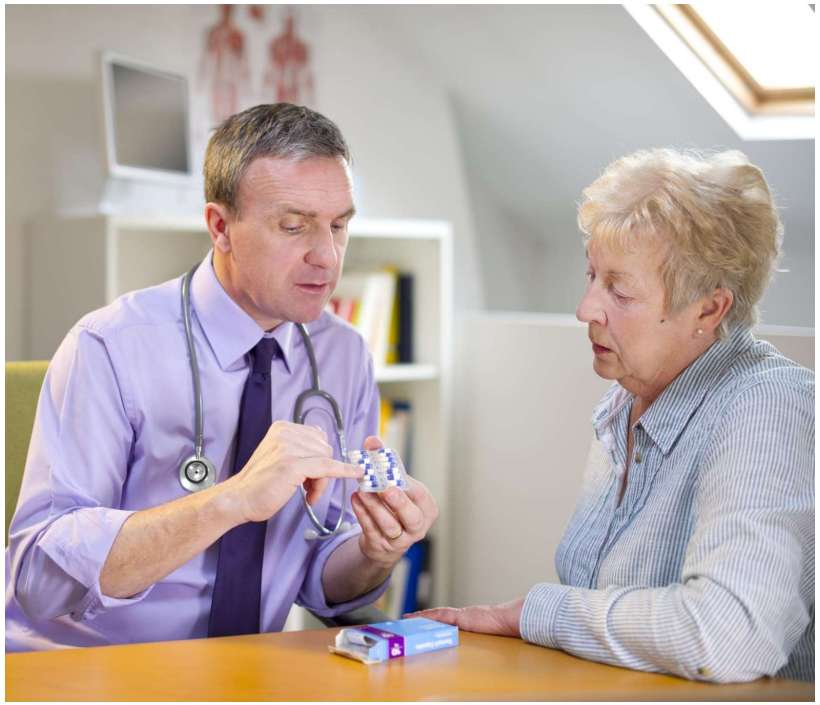
Patient-Centered Care

Deprescribing tailors treatment to individual health goals and life expectancy in elderly patients.

Cost and Resource Savings

Deprescribing contributes to healthcare cost savings and better resource utilization.

Goals of Deprescribing



Enhance Patient Safety

Deprescribing reduces the risk of adverse drug events by eliminating unnecessary or risky medications.

Reduce Medication Burden

Simplifying medication regimens helps improve adherence and decreases complexity for patients.

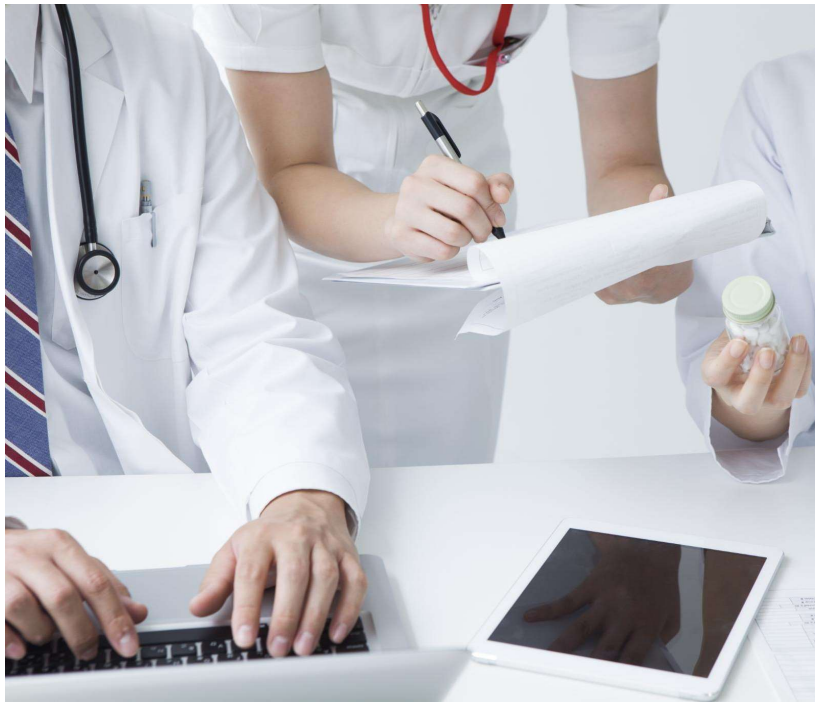
Align Treatment with Health Goals

Deprescribing ensures treatments are tailored to individual patient health objectives and quality of life.

Structured Deprescribing Approach

Comprehensive medication review and ongoing monitoring are essential for safe deprescribing.

Multidisciplinary Approach



Collaborative Team Roles

Physicians, pharmacists, nurses, and caregivers each contribute unique expertise to deprescribing efforts.

Physician Leadership

Physicians lead clinical decisions and coordinate the overall deprescribing process.

Pharmacist Expertise

Pharmacists identify drug interactions and suggest safer medication alternatives.

Nurse and Caregiver Support

Nurses monitor patient response while caregivers provide insights on daily medication use.

View Deprescribing Guidelines at deprescribing.org (https://deprescribing.org/resources/deprescribing-guidelines-a

Best Practices and Stepwise Algorithm

STEP	DESCRIPTION
Identify	Review medication list for potential high-risk medications
Assess	Evaluate risks, benefits, and patient goals
Prioritize	Select medications for discontinuation
Taper	Gradually reduce dosage if needed
Monitor	Track outcomes and adverse effects

View Deprescribing Guidelines at deprescribing.org (https://deprescribing.org/resources/deprescribing-guidelines

Tools for Medication Review

Tool	Purpose	Key Features	Benefits & Use Cases
✅ Beers Criteria	Identify PIMs in older adults	List-based, age 65+ focus	Simple reference, widely used; Primary care, discharge reviews
⚖️ STOPP/START	STOPP: inappropriate meds; START: omissions	System-based, includes deprescribing & prescribing alerts	Comprehensive, reduces ADRs; Geriatric consults, polypharmacy reviews
🏁 MedWise Risk Score	Quantify cumulative medication risk	Algorithmic score, considers PK/PD interactions	Predictive analytics, cost savings; MTM programs, population health management

Drug-Drug Interactions in the Elderly

Risk Factors in the Elderly

Polypharmacy and age-related metabolic changes increase the risk of drug-drug interactions in older adults.

Common Dangerous Interactions

Combining warfarin with NSAIDs increases bleeding risk; benzodiazepines with opioids may cause respiratory depression.

Types of Drug Interactions

DDIs can be pharmacokinetic or pharmacodynamic and are frequently unrecognized in clinical settings.

Management and Monitoring

Thorough medication reconciliation and monitoring are essential to identify and manage DDIs in the elderly.

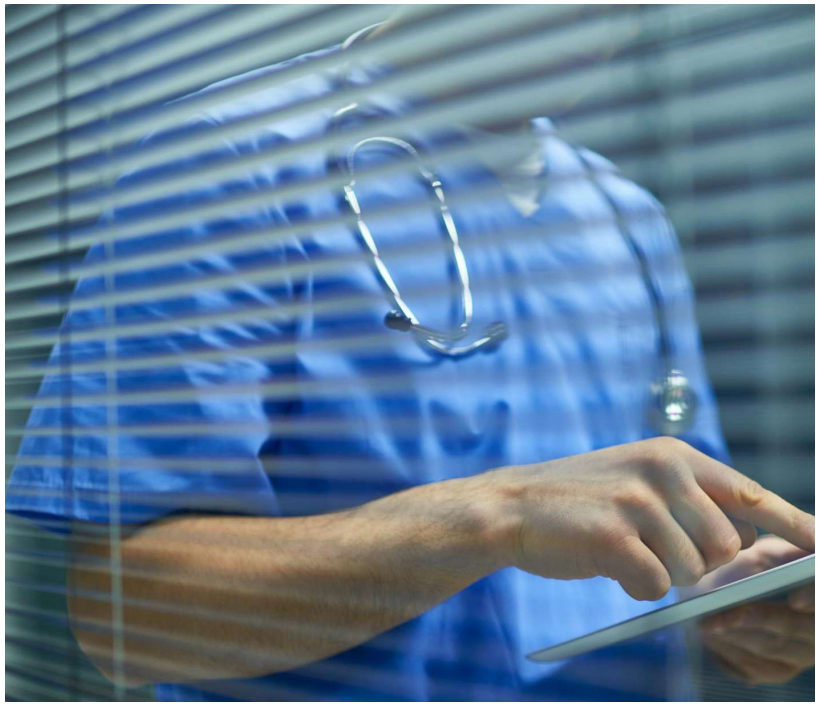
Impact on Quality Measures

- Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)
- CMS Part D Start Rating measure introduced in 2025.
- Measures the percentage of Medicare Part D patients >= 65 who are taking 2 or more anticholinergic medications concurrently for 30+ cumulative days

- Anticholinergics are associated with:
- Increased risk of cognitive decline
- Delirium
- Falls and fractures
- Urinary retention
- Mortality

- Deprescribing reduces Poly-ACH measure rates, directly improving CMS Star Ratings

Implementation Strategies



Clinician Education and Tools

Structured clinician education and decision support tools improve deprescribing implementation in clinical practice.

Patient Engagement

Patient education, shared decision-making, and follow-up enhance adherence to deprescribing recommendations.

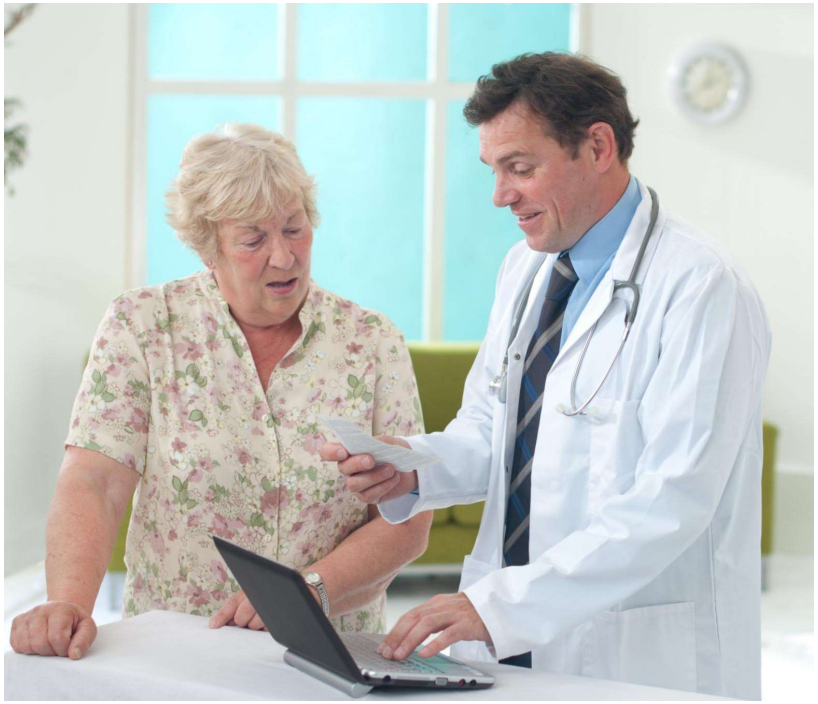
Organizational Support

Policy alignment and resource allocation within organizations facilitate sustainable deprescribing practices.

Tailored Interventions

Customizing strategies based on practice setting and patient population improves deprescribing outcomes.

Barriers to Deprescribing



Clinical Challenges

Clinicians face uncertainty about which medications to stop and how to taper safely in elderly patients.

Patient and Caregiver Resistance

Patients and caregivers may fear withdrawal effects or perceive deprescribing as abandonment.

Systemic Barriers

Fragmented care and poor communication among providers worsen deprescribing efforts.

Solutions for Success

Education, interprofessional collaboration, and patient-centered communication facilitate effective deprescribing.

Case Example #1

- 78-year-old female with HTN, DM2, insomnia, osteoarthritis, neuropathy, anxiety, and depression
- Presents to your office for consultation from PCP asking for recommendations to reduce medication burden. PCP has tried to have discussions about deprescribing, but patient has been resistant.
- Patient tells you that she still does not sleep that well because she has to get up to use the bathroom frequently.
- She has fallen once in the past month when she got out of bed at night. Tells you she was just clumsy. She wakes up tired each morning and feels “in a fog” for a few hours upon rising.

- Medications:
- Tylenol PM 1 tablet nightly for sleep
- Amitriptyline 100 mg nightly for “foot pain”
- Glyburide 5 mg daily for diabetes
- Lisinopril 10 mg each morning for HTN
- Metformin 500 mg twice a day for diabetes
- Oscal D 1 tablet twice a day for bone health
- Zoloft 25 mg a day in the morning for depression and anxiety

Case Example #2

- 82-year-old male with overactive bladder, HTN, hyperlipidemia, chronic pain, CHF
- You are seeing this patient in a skilled nursing facility after his recent inpatient stay for CHF.
- He has no complaints except that he has to urinate frequently, and this is disruptive to sleep. His mouth is always dry. Pain is rated 2 out of 10 and is mostly when he gets up in the morning for a couple hours. His pain is in his low back and neck. Complains of always feeling weak.

- Medications:
- Oxybutynin 5 mg twice a day
- Cyclobenzaprine 10 mg three times a day
- Simvastatin 40 mg at bedtime
- Hydrocodone/APAP 1 tablet three times a day
- Multivitamin daily
- Advil OTC 2 tablets twice a day
- Lasix 40 mg daily
- Lisinopril 10 mg twice a day

Summary and Key Takeaways

Importance of Deprescribing

Deprescribing reduces polypharmacy and adverse drug events, improving quality of life for elderly patients.

Structured Multidisciplinary Approach

Using evidence-based tools and a team approach ensures safe and effective deprescribing.

Implementation Strategies

Education, collaboration, and patient engagement are key to overcoming barriers and integrating deprescribing.

Alignment with Patient Goals

Deprescribing aligns treatments with patient goals, enhancing safety and clinical outcomes.

References

Key Clinical Guidelines

Essential guidelines include the Beers Criteria and Deprescribing.org resources that aid clinicians in medication management.

Research Articles

BMJ and JAMA articles provide evidence-based insights supporting deprescribing practices in clinical care.

Regulatory Documentation

CMS documentation on PolyACH measures offers regulatory frameworks for deprescribing in healthcare settings.

Continuing Education

Regular consultation of resources and ongoing education ensure clinicians stay updated on best deprescribing practices.