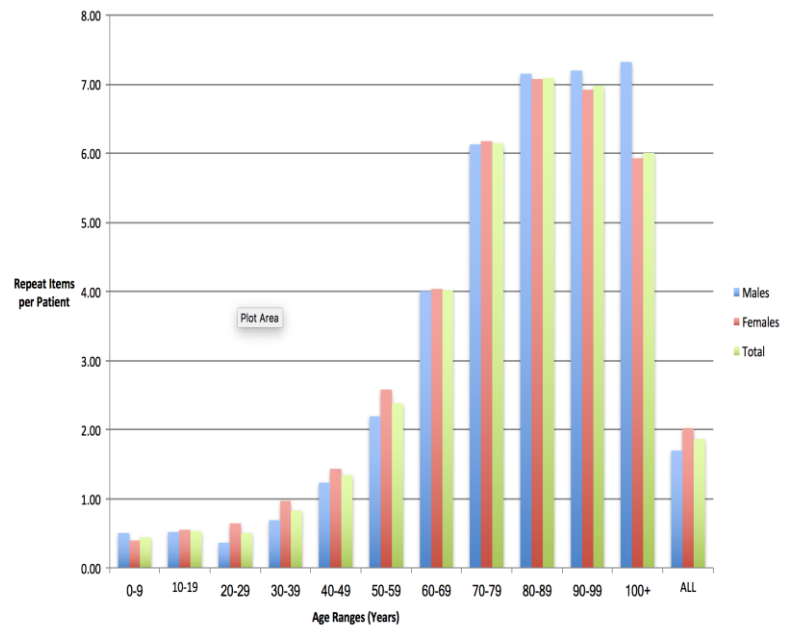




Deciding to Deprescribe (DtD) in Primary Care: The process of stopping medicines



Polypharmacy and multimorbidity are the norm in older people



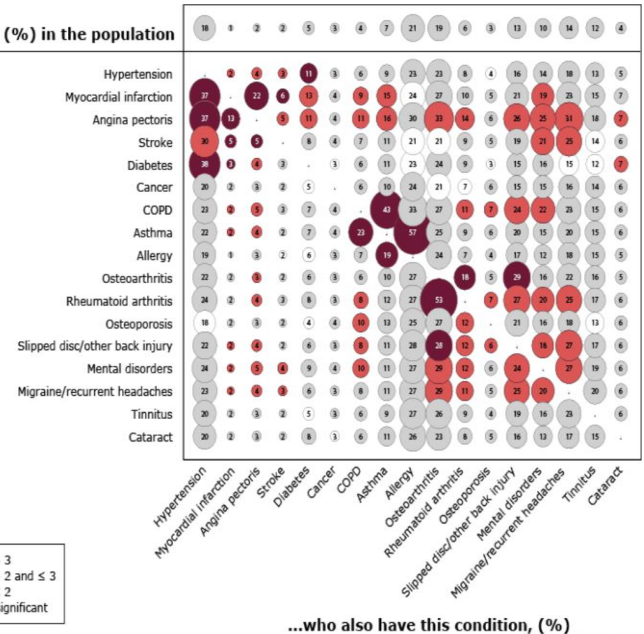
The scale of repeat prescribing – time for an update

Duncan R Petty, Arnold G Zernansky and David P Alldred

BMC Health Services Research 2014, 14:76 | DOI: 10.1186/1472-6963-14-76 | © Petty et al.; licensee BioMed Central Ltd. 2014

Prevalence (%) in the population

People with this condition...



...who also have this condition, (%)

A National Population Study of the Co-Occurrence of Multiple Long-Term Conditions in People With Multimorbidity, Denmark, 2013

RESEARCH BRIEF – Volume 13 – January 28, 2016

Deprescribing is possible given right clinician skills and opportunities, and patient engagement.



Source: Claire Standage
The image that sparked a debate on Twitter

About the YH PSTRC

Delivering research to make healthcare safer



<http://www.yhpstrc.org>

About the YH PSTRC

- 4 research themes focusing on different safety aspects
- Workforce Engagement and Wellbeing
- Patient Involvement in Patient Safety
- Safe Use of Medicines
- Digital Innovations



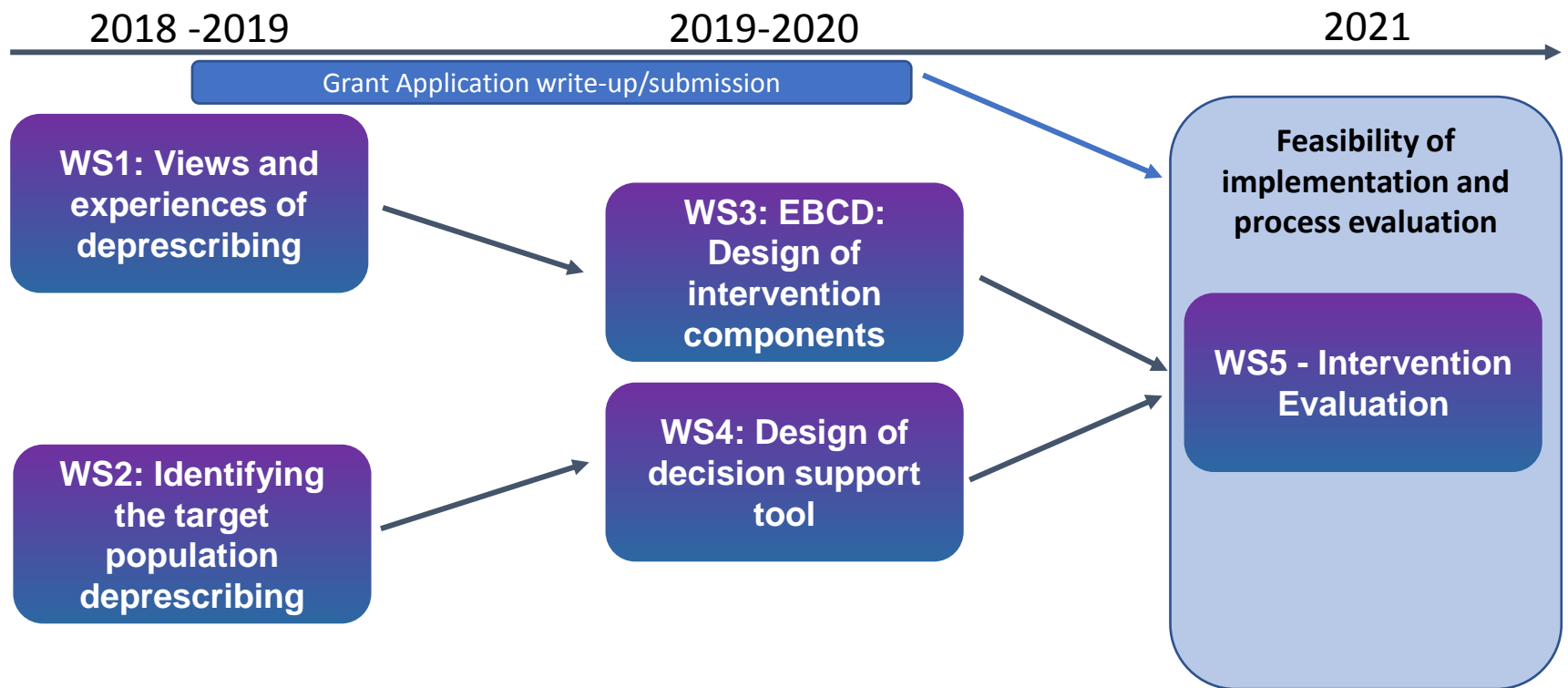
Safe Use of Medicines: Deciding to Deprescribe (DtD) in Primary Care

Aim: To increase the safety and experience of patients and healthcare professionals when one or more medicines are stopped

- Interviews with patients, their supporting peers and healthcare professionals
- Database analysis to identify associations between medicines and adverse outcomes in older people

Focus on How medicines are stopped in GP surgeries, including barriers and enablers

Grant Applications





Emerging findings from clinicians



Opportunities to stop medicines

Identifying potential problematic medicines may happen with or without the patient being present:

- Review of medical records
- Telephone discussions
- During an appointment

Often initiated by clinicians, some patients also initiate discussions leading to stopping medicines





Emerging findings from clinicians



Stopping medicines: A multidisciplinary approach:

- GPs
- Pharmacists (Prescribers and non-prescribers)
- Nurses (Prescribers and non-prescribers)

Decision making

- Autonomy in the decision-making: Prescribers (some exceptions)
- Decision deferral: non-prescribers (extra step)

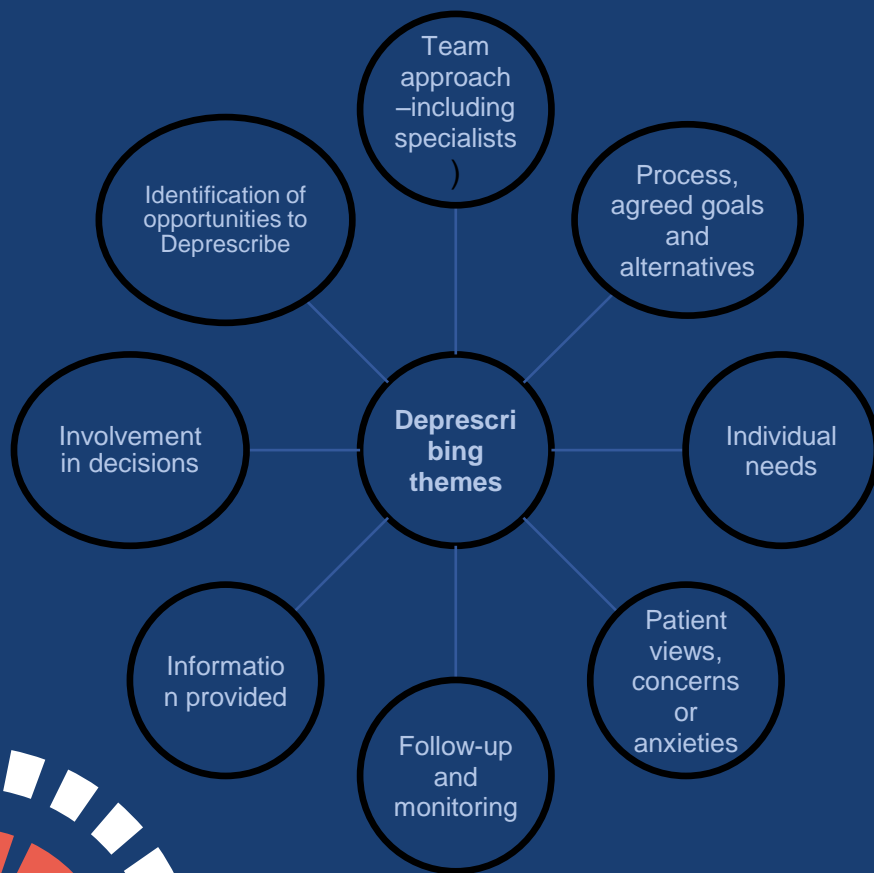


Patients are perceived to be generally willing to consider stopping medicines

However, each patient will react differently, have different priorities or needs. Therefore, each discussion will need to be tailored, and it will be easier for some patients than for others. Hence, deprescribing requires planning

Patients who are more resistant to stopping medicines may sometimes not fully understand not only the balance between risk and benefits but also what alternatives are available to them.





EBCD Outputs– emerging themes

- **Before the consultation**
 - Ways to gather patient concerns
 - Plan for discussion
- **During the consultation**
 - Record of decisions made
 - Signposting/support
- **After the consultation**
 - Feedback questions for patient to check satisfaction with process
 - Triggers/red flags

WS2 overview

Aim: To further understand the associations between anticholinergic prescribing and adverse health outcomes, in older people living with frailty.

Methods

- **Systematic review** to identify and synthesise existing evidence
- **Predictive modelling** using cohort data, and routinely collected EHR data:
 - To predict the risk of adverse outcomes in older people living with frailty, who are exposed to anticholinergic burden.
 - To explore the utility of the eFI in identifying at risk patients.
- **Qualitative interviews** with clinicians
 - To explore whether clinicians feel tools such as the eFI and ACB scale have utility in improving anticholinergic prescribing decisions in primary care
 - Can they help identify at risk patients?
 - Can they support deprescribing?

This study will inform the development of a clinical case-finding tool

WS4 overview

Aim: To develop and test a tool integrated in to SystemOne, capable of systematically case finding older people living with frailty, who are at greater risk of adverse health outcomes associated with high-risk anticholinergic prescribing.

Purpose

- To be able to **stratify** patients by:
 - **Frailty severity:** Moderate/severe frailty (as identified by the eFI)
 - **Anticholinergic burden score**
- To support HCPs with the identification of patients who should be prioritised for a targeted medication review
 - With a view to mitigating risks through deprescribing
- The prediction modelling study will identify **cut-off points** for **eFI** scores and **ACB** scores, which predict higher risks of adverse outcomes:
 - These will support the **stratification** and **prioritisation** process for targeted medication reviews.

Our deliverables for 2020

- **Deciding to Deprescribe**
 - Design behavioural intervention components to engage prescribers, patients and family members in deprescribing
 - Identify the target population for deprescribing through analysis of primary care datasets
 - Model and test a deprescribing intervention
- **Safe Medicines Alert to enable patients and their families to record medicines safety concerns, initially as a prompt for discussion with their healthcare professionals**
 - A method for patients and their families to record medicines safety concerns and bring to the attention of health professionals

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