Ensuring appropriate polypharmacy: A practical guide to deprescribing

Patients with complex multimorbidity and the related polypharmacy, which can become inappropriate over time, are now being managed in primary care.[1]

Everyone involved in prescribing, including patients (and if needed their family/carers), needs be aware of the benefits and harms of medicines, how changes can happen over time and what to do if this occurs. Optimising medicines through targeted deprescribing is a vital part of managing long term conditions, avoiding or reducing adverse effects and improving outcomes.[2]

Shared decision-making (SDM) is the conversation that happens between a patient and their health professional to reach a healthcare choice together.[2] This conversation needs patients and professionals to understand what is important to the other person when choosing a treatment and may result in no prescription or a non-pharmacological alternative.

The GP should take overall responsibility for the patient's medicine regimen and be willing to challenge any anomalies with the initiating clinician, avoiding potentially inappropriate polypharmacy.[1,3]

Key recommendations

- Discuss deprescribing before initiating any new medicine for an agreed trial period.
- It is possible and essential to deprescribe, reduce or substitute inappropriate medicines.
- Deprescribing should be planned, one medicine at a time, offered as a trial, the dose gradually tapered and any returning symptoms monitored.
- Deprescribing should be performed as a partnership between the patient and the prescribing team.
- Regular patient review, with support by a healthcare professional, is required for successful deprescribing.
- Remember it is sometimes better not to start a medicine than to tackle deprescribing in the future, particularly in some therapeutic areas.
- Older people and those with increasing frailty are frequently prescribed unnecessary or higher risk medicines, they should have more frequent medication reviews.

Aims of deprescribing

Deprescribing is part of good prescribing to ensure appropriate polypharmacy.[4,5] It is not about denying effective treatment to eligible patients.[6] Deprescribing should be supervised by medical professionals, include the patient as a full partner in the process, be undertaken cautiously, with monitoring of the outcome to:

- Be effective in reducing pill (medicine) burden.
- Improve quality of life.
- Maintain control of chronic conditions.
- Avoid worsening of disease or causing withdrawal effects.[6]

Stopping medicines may result in one or more of the following outcomes:

- No adverse consequence for the patient.
- Withdrawal events/symptoms that have a pharmacological or physiological basis, including rebound symptoms, e.g. rebound hyperacidity can be mistaken for a return of the underlying condition resulting in the restarting of proton pump inhibitors (PPI) unnecessarily; withdrawal symptoms similar to those of depression, which may make it difficult to determine whether the original depression has returned, or if the symptoms are a result of the abrupt discontinuation of an antidepressant.
- Signs or symptoms of the pre-existing disease may re-appear, e.g. oesophagitis after stopping a PPI; increased blood pressure after stopping an antihypertensive:[7]

Tapering medicines.

- Gradually reducing the dose, rather than stopping abruptly unless an adverse drug reaction has occurred, helps reduce the likelihood of withdrawal symptoms developing.[7]

Additional resources available: https://www.prescqipp.info/resources/category/356-polypharmacy-practical-guide-to-deprescribing

 Bulletin

 Algorithms and aide memoire

References

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