



Clinical Pharmacology & Toxicology Pearl of the Week

~ Medication Safety, Part 2 - Deprescribing ~

Background

- ✓ Deprescribing is the planned and supervised process of reducing or stopping medications that may no longer be of benefit or may be causing harm.
- ✓ It is an integral part of appropriate prescribing, managing chronic conditions and avoiding adverse effects.
- ✓ The goal is to reduce medication burden and harm while maintaining or improving quality of life.
- ✓ Reducing the use of potentially inappropriate medications in Canadians saves money.

Key points

- ✓ Discuss deprescribing with patients before initiating any new medicines.
- ✓ It is sometimes better to not start a medicine than to tackle deprescribing in the future.
- ✓ It is essential to deprescribe, reduce or substitute inappropriate medicines. Medications deemed potentially inappropriate for seniors include:
 - Long-term use of proton-pump inhibitors for acid reflux
 - Use of opioids for chronic non-cancer pain
 - Antipsychotics for behavioral and psychological symptoms of dementia
 - Sleeping pills and sedatives
- ✓ It is important to consider patient groups that are likely to be taking many medicines and are particularly vulnerable to adverse drug reactions. These include:
 - Multi-morbidity patients - presence of two or more long-term health conditions
 - Polypharmacy- patients taking large numbers of medicines
 - Elderly (>75yr) frail patients
 - Housebound patients
 - Patients with indications of shortened life expectancy/ end of life
 - Vulnerable patients
 - Decline in hepatic function / renal function

Methods of deprescribing

- ✓ Stepwise approach (i.e. one at a time)
 - Useful if the patient is well and clinically stable but there is a risk that multiple changes in drugs will destabilize their situation.
 - Tapering the dose helps reduce the likelihood of withdrawal for some medicines.
- ✓ All at once
 - Useful if the patient is unwell because of likely drug side effects or in a safe monitored environment (e.g. admission to hospital).
- ✓ Mixed approach
 - Stopping several drugs at once and tapering certain drugs (e.g. antidepressant and antipsychotic drugs) more cautiously.

5-step approach to deprescribing

1. Take a comprehensive medication history.
2. Identify any potentially inappropriate medications.
 - a. Medications never or rarely taken (i.e. little to no adherence)
 - b. Medications that do not match with any of the patient's conditions
 - c. Patient conditions for which drug therapy is not beneficial
 - d. Medications for which the patient is at high risk of harm with continued use
3. Determine whether the medication(s) can be stopped.
4. Plan and begin the method of deprescribing (stepwise, all at once, mixed).
5. Check for benefit or harm after each medicine has been reduced or stopped.

Caveats to deprescribing

- ✓ Deprescribing is a complex process involving multiple steps, not a single act.
- ✓ Deprescribing must be done judiciously and with monitoring to avoid worsening of disease or causing withdrawal effects.
- ✓ Deprescribing needs careful discussion on an individual basis to gain patient understanding and acceptance.

The Clinical Pharmacology (CP) physician consultation service is available Mon-Fri, 8am-5pm. The on-call physician is listed in ROCA on the AHS Insite page. CP consultations are also available through Netcare e-referral and Specialist Link. You can also find us in the [Alberta Referral Directory](#) (ARD) by searching "Pharmacology" from the ARD home page. Click [HERE](#) for more details about the service.

The Poison and Drug Information Service (PADIS) is available 24/7 for questions related to poisonings. Please call 1-800-332-1414 (AB and NWT) or 1-866-454-1212 (SK). Information about our outpatient Medical Toxicology Clinic can be found in [Alberta Referral Directory](#) (ARD) by searching "Toxicology" from the ARD home page.

More CPT Pearls of the Week can be found [HERE](#).

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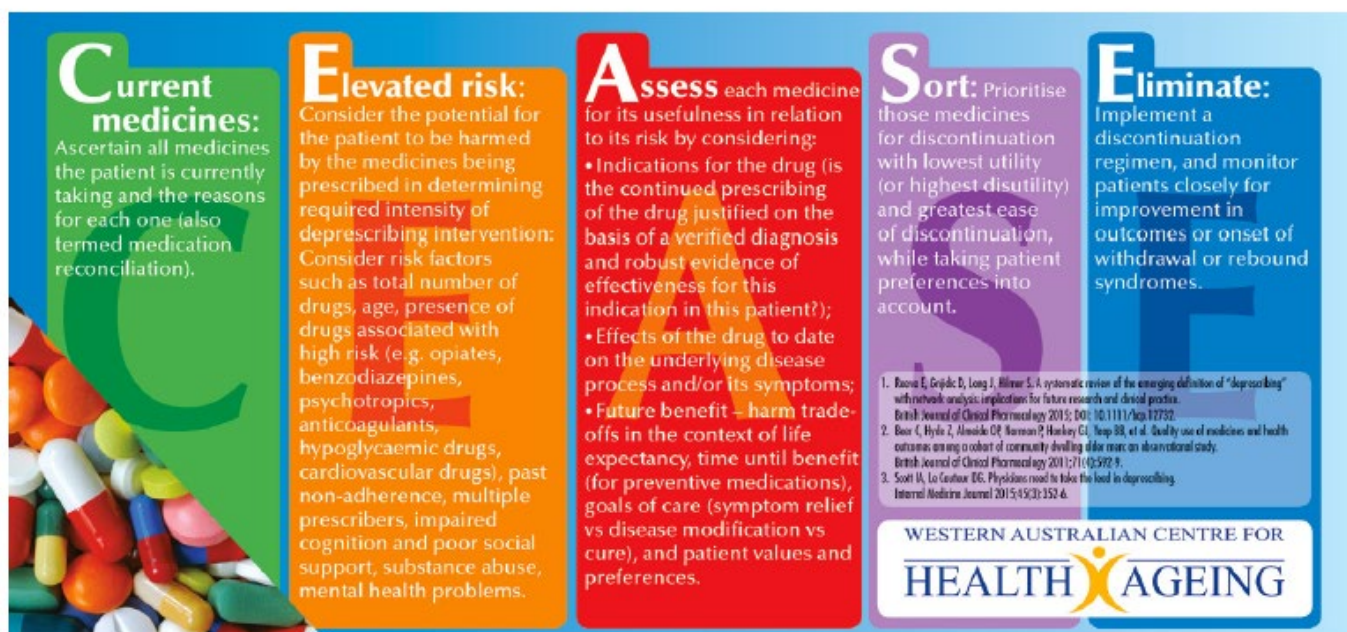


Figure 2. The CEASE (Current medicines, Elevated risk, Assess, Sort, Eliminate) algorithm.