NHS

Vale of York
Clinical Commissioning Group

‘Deprescribing is like teenage sex… everybody talks about it, no one knows how to do it, and everybody thinks everyone else is doing it’

Faisal Majothi - Senior Prescribing Support Pharmacist

Chris Stanley – General Practitioner

Matt Cooke - Advanced Pharmacist Practitioner

Outline

- What is Deprescribing?
- Why is Deprescribing important?
- What are we trying to achieve?
- What tools are available to make Deprescribing easier?
- Alternatives to Prescribing
- Case studies

What is Deprescribing?

‘Deprescribing is the complex process needed to ensure the safe and effective withdrawal of inappropriate medicines (A patient centred approach to polypharmacy NHS Specialist Pharmacy Service 2017).’

- Is the medication required for a current indication?
- Is the medication harmful to the patient?
- Is the patient happy to continue taking the medicine?

Why is Deprescribing important?

Polypharmacy Facts

- 4095 patients in the Vale of York are prescribed 10 or more medicines.
- 1576 patients in the Vale of York are prescribed 20 or more medicines.
- 50% of patients do not take their medications as prescribed.
- 1/3 of ≥ 75 Year olds are taking at least 6 medicines
- 6% of admissions to hospital are drug related

Why is Deprescribing important?

Polypharmacy

- Patients need to be treated holistically to ensure that all conditions are being managed together.
- Appropriate Polypharmacy
  - Prescribing for an individual for complex conditions or for multiple conditions for circumstances where medicine use has been optimised
- Problematic Polypharmacy
  - Inappropriate prescribing of multiple medicines where the intended outcome is not realised

Why is Deprescribing important?

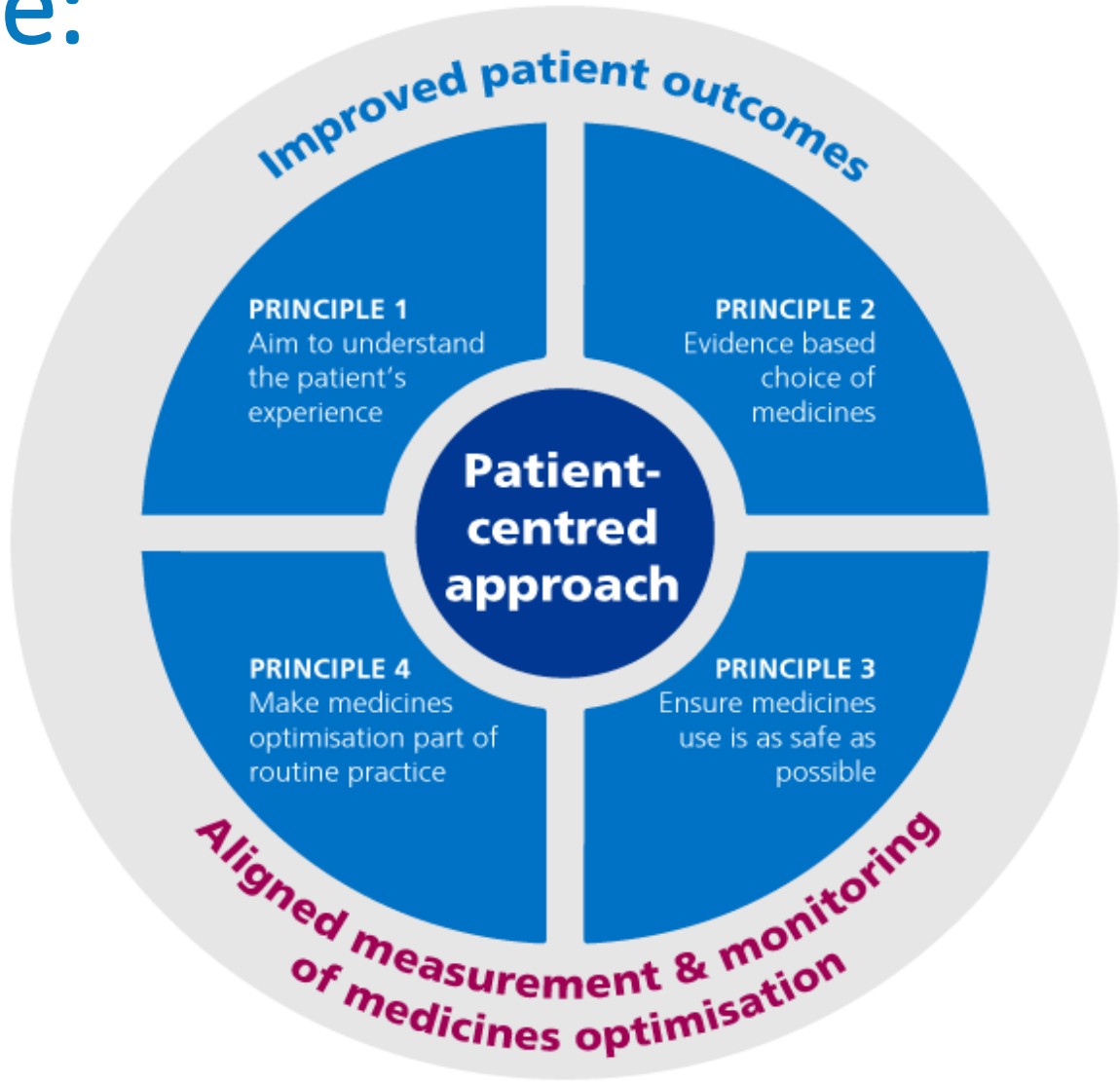
Ageing Impacts

- 15 Million live with a long term condition (LTC)
- 58% people with a LTC are over 60 (14% under 40)
- A&E attendances by people aged 60+ increased by two thirds from 2007 to 2014
- 18% increase in emergency hospital admission from 2010-2015
- Changes in pharmacokinetic, pharmacodymanic and physiological changes result in increased sensitivity to drugs – ADEs!
- Frailty – Age associated decline in physiologic reserve and function across multi-organ systems leading to increased vulnerability for adverse health outcomes (Fried et al 2001)

What we are trying to achieve:

Medicines Optimisation

- Reduced adverse effects, especially in the elderly
- Reduced hospital admissions
- Reduction in inappropriate medicines
- Patient prescribed medications in line with local formularies or guidelines (evidence based)
- Collaboration with patient in their care.
- Regular reviews with the patient to check adherence and suitability



What tools are available to help with Deprescribing?

IMPACT

- Each BNF chapter has been broken down to medication groups with a red or amber indicator for clinical risk and cost risk.
- Easy to follow and suggests some points for consideration for each medication group. Link

NO TEARS

- Patient centred tool for use in consultation with patient. Link

STOPP/STARTT

- Specific for elderly/frail patients.
- Each potential high risk drug has listed reasons for why it should be stopped.
- Also lists medications that should be started for patient with specific chronic conditions. Link Link 2

7 steps

- 7 steps to identify to appropriate polypharmacy. Link

Local Alternatives to Prescribing

- Social Prescriber
- Link Worker
- Community Response Team
- Community Therapy Team
- 50+ Leisure Activities
- Exercise Referral
- Dementia Forward

Other Resources

- NICE guidance Multimorbidity and polypharmacy Link
- Treatment effects Database (within NICE guidance NG 56) Link
- PresQIPP
  - Polypharmacy and Deprescribing Link
  - Considerations in Frailty Link
  - Multimorbidity Link
  - A practical guide to deprescribing Link
  - High Risk Medicines Link
    - Hypnotics, Fentanyl, Opioid Patches, Safety of long tern PPI's
- Anticholinergic Burden Score - http://www.acbcalc.com/
- MedStopper - http://medstopper.com/

Case Studies

Case Study 1 - EL:

- Age: 91 years old
- Allergic to penicillin and erythromycin
- Self administers

- PMH:
- Asthma
- GORD
- HT
- Vit B12 deficiency
- Macular degeneration
- Ocular hypertension
- Dislocation Left Hip

Arthroplasty L hip

Case Study 1 - EL:

Medications

- Ticagrelor 90mg BD
- Atorvastatin 40mg ON
- Bisoprolol 2.5mg OD
- Sertraline 25mg OD
- Digoxin 62.5mcg MANE
- Isosorbide mononitrate MR 30mg MANE
- Ranitidine 150mg BD
- Fresubin protein energy 200ml BD
- E45 cream Apply BD
- Movicol 1 BD
- Ramipril 1.25mg BD
- Glyceryl trinitrate spray 1-2 sprays PRN
- Fentanyl patch 50micrograms/hr every 3/7days
- Diclofenac 1% gel TDS PRN
- Senna 2 ON
- Paracetamol 1g QDS
- Folic acid 5mg od
- Hydroxocobalamin 1mg every 3/12months
- Nitrazepam 10mg ON
- Salbutamol MDI 100mcg 2puffs PRN
- Morphine sulphate 10mg/5ml 10-20mg PRN
- Clarithromycin 500mg BD
- Metoclopramide 10mg TDS PRN

Case Study 2 - BH

- BH
- Female
- 89 years old
- Nursing Home patient
- Allergic to atorvastatin and trimethoprim

- PMH:
- T2 diabetes
- NOF #
- CKD 4
- Hypertenson
- Hypothyroidism
- Vascular dementia

Case Study 2 - BH

Medication

- Amlodipine 5mg tablets one daily
- Aspirin 75mg tablets one daily
- BD Autoshield needles for pre-filled/ reuseable pen injectors screw on 5mm/30guage use as directed x 100
- Epimax cream use as directed
- Freestyle lite testing strips use as directed x50
- Furosemide 40mg tablets One Mane
- Glucose 40% oral gel use as directed x 25g
- Levothyroxine 100microgram tablets one daily
- Levothyroxine 25mcg tablets one daily
- Linagliptin 5mg tablets one daily
- Mirtazapine 15mg one nocte
- Paracetamol 500mg tablets Take 1 or 2 Four times a day x 100
- Pravastatin 10mg one nocte
- Unistick 3 Comfort lancets 1.8mm/28 gauge, use as directed x 100
- Diazepam 2mg tablets BD to prevent agitation
- “Hydroxycobalamin every three months” handwritten on MAR chart but not on GP system

Case Study 3 - Maureen

58y woman
COPD/DM/hypothyroid/NSTEMI/AF /Hypertension/ back pain

- Aspirin 75mg
- BFZ 2.5mg
- Metformin 1g tds
- Lisinopril 30mg
- Gliclazide 80mg bd
- Amlodipine 10mg
- Pioglitazone 30mg od
- Atenolol 50mg
- Salbutamol inhaler
- Furosemide 40mg
- Becotide inhaler 100 bd
- Gabapentin 400mg tds
- Thyroxine 75mg
- Cocodamol 8/500 2 qds prn
- Citalopram 20mg
- Diclofenac 50mg tds prn
- Omeprazole 40mg bd

Case Study 3 - Maureen

- Receptionist in local garage, works 6 half days
- Carer for mother with dementia
- Lives with husband who is unemployed
- IHD for medical management

- Chronic ankle swelling
- Back pain difficult to manage and resistant to multiple strategies
- Occasional palpitations
- Persistent indigestion
- Financial worries
- Carer strain

Case Study 4 - Fred

- 69y man, lives in care home
- Was heavy drinker ?Korsakoff's, dementia

- Trazodone 150mg nocte
- Thiamine 50mg tds
- BFZ 2.5mg od
- Tramadol 50mg qds
- Cetirizine od
- Amisulpiride 100mg bd
- Diprobase prn
- Fucibet bd

Case Study 4 - Fred

- Ex heavy drinker
- Care home for 2y
- Transfers with two
- Regularly falls when attempts to mobilise unaided
- Needs prompting to eat and drink

- Developed ankle swelling and breathlessness over 12 months

Case Study 5 - Marjory

- 87y woman
- CVD/hypertension/CKD/IHD/AF/DM/
- osteoporosis/UTIs/MMSE 22/COPD/hypothyroid
- Thyroxine 150mg od
- Zopiclone 7,5mg
- Alendronate 70mg
- co-codamol 30/500mg qds
- Calcichew d3 bd
- Omeprazole 20mg
- Metformin 1g tds
- Seretide 250 bd
- Gliclazide 160mg bd
- Ipratropium qds
- Perindopril 4mg od
- Oxybutynin 5mg bd
- Indapamide 2.5mg od
- Trimethoprim 200mg od
- Warfarin
- Clopidogrel 75mg
- Atorvastatin 80mg
- Mirtazapine 30mg

Case Study 5 - Marjory

- Lives with husband who has heart failure
- Vascular dementia diagnosed 3y ago
- Needs reassurance and reorientation
- Delirium when UTI
- Nocturnal continence is an issue

- Weight 43kg: needs encouragement to eat and drink
- Multiple trips to doctors and clinics
- Admitted to hospital with hypoglycaemia, AKI, confusion

Case Study 6 - Wilf

79y man care home resident

Dense stroke a year ago with residual hemiparesis and cognitive impairment/ IHD/Impaired LV on echo

- Lansoprazole 30mg od
- Tolterodine MR 4mg nocte
- Simvastatin 40mg nocte
- Salbutamol 2 puffs prn
- Clopidogrel 75mg od
- Bisoprolol 2.5mg
- Enalapril 20mg
- Amlodipine 10mg
- Furosemide 40mg
- Trazadone 100mg

Case study 6 - Wilf

- Intermittent disturbed behaviour
- Appears to have early dementia
- Can be difficult to engage depending on mood
- Nursing staff have requested salbutamol as they think he’s breathless
- Chronic peripheral oedema

Summary

- Everyone should be doing deprescribing appropriately
- Useful tools to aid deprescribing
- ‘Guidelines not tramlines’
- Alternatives to prescribing

Any Questions?