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Reducing medications safely  
to meet life's changes

Moins de médicaments, sécuritairement –  
pour mieux répondre aux défis de la vie

# Medication Discussions in Long-Term Care: Supporting Shared Decision Making

Pam Howell, Pharmacist

October 2019

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# Acknowledgments



Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour l'**amélioration des services de santé**

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*\*The views expressed in this presentation are the views of the author(s)/presenter(s) and do not necessarily reflect those of the Province.*

*He **came in** unable to walk and  
confused ... taking 55 pills in  
one day.*



*He **left** walking with an assistive device ... taking 26 pills in one day.*

*“You have nothing without your mind.”*



# How I hope I can help:

- Provide knowledge
- Inspire
- Collaborate
- Plan for action



# Medications can:

- Treat symptoms
- Slow the progression of disease
- Reduce the risk of complications from disease



# What is polypharmacy?

Polypharmacy generally refers to **more than 5 medications**

Polypharmacy increases risks of medication harms:

- Drug interactions
- Falls & fractures
- Memory problems
- Hospitalizations & deaths

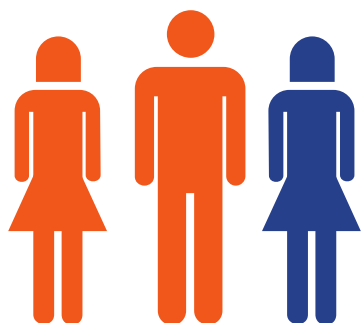


# Examples of potentially inappropriate medications for seniors

- **Chronic use of anti-inflammatory medications** such as ibuprofen or naproxen (non-steroidal anti-inflammatory drugs or NSAIDs)
- **Antipsychotic medication** when used as a sleeping pill or for dementia (e.g. quetiapine/Seroquel®, risperidone/Risperdal®)
- **Long-acting sulfonylureas (type-2 diabetes medications)** (e.g. glyburide/Diabeta®)
- **Medications for allergies and itchiness:** first-generation antihistamines (e.g. diphenhydramine/Benadryl®)
- **Opioid medication for chronic non-cancer pain** (e.g. oxycodone/OxyNeo®, Percocet®)
- **Sleeping pills** (e.g. alprazolam/Xanax®, zolpidem/Sublinox®)
- **Stomach pills for more than 8 weeks in acid reflux disease** : proton-pump inhibitors (e.g. pantoprazole/Pantoloc®)



# How big is the problem?



2 out of 3 Canadians over the age of 65 take **at least 5 different prescription medications**; little change since 2011

**48%** of LTC residents in Canada on 10+ medications

## LTC sites

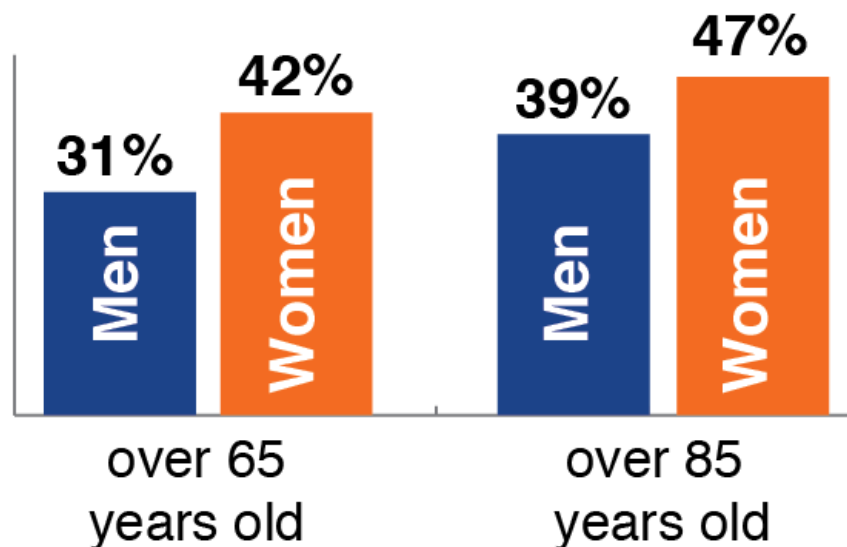
Seniors in LTC took an **average of 9.9 drugs compared to 6.7** in the community

<https://www.cihi.ca/sites/default/files/document/drug-use-among-seniors-2016-en-web.pdf>

# What are inappropriate medications?

Medications that pose greater health risks when prescribed for older adults, compared with available drug and non-drug alternatives.

Canadian seniors who take at least one potentially inappropriate medication



Morgan *et al.* 2016.  
CMAJ Open; 4: E346-E51.

# The cost of inappropriate medication

## \$419 million

Canadians spend \$419M per year on potentially harmful prescription medications. This does not include hospital costs.

## \$1.4 billion

Canadians spend \$1.4B per year in health care costs to treat harmful effects from medications, including fainting, falls, fractures and hospitalizations.

Morgan *et al.* 2016.  
CMAJ Open; 4: E346-E51.

# What is Deprescribing?

- The **planned** and **supervised** process of dose reduction or elimination of medication that may be causing harm or no longer be providing benefit
  - Goal of reducing medication burden and harm while maintaining or improving quality of life
- Part of good prescribing – backing off when doses are too high or stopping medication that are no longer needed or may be causing harm

# What has deprescribing looked like in LTC homes thus far?



# Deprescribing antipsychotics in LTC

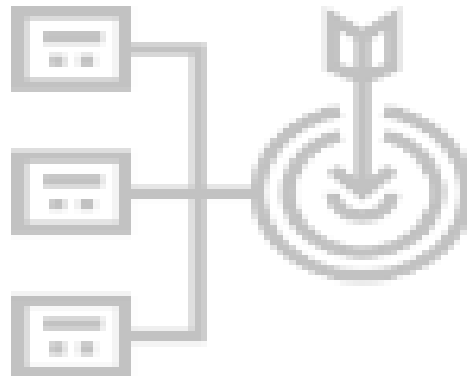
- People with dementia can sometimes be disruptive, behaving aggressively and resisting personal care
- Antipsychotic medicines are often prescribed, but they provide limited benefit and can cause serious harm, including premature death
- These medications should be limited to cases where non-drug measures have already been tried and failed and the patients are a threat to themselves or others

<https://choosingwiselycanada.org/long-term-care/>

# Deprescribing antipsychotics in LTC

- Reason: 5 – 15% of seniors in long-term care facilities should be on antipsychotic medications (have a psychosis diagnosis), yet studies show that as many as five times are on these drugs
- Health Quality Ontario (HQO), Choosing Wisely Canada and the Canadian Foundation for Healthcare Improvement (CFHI) have put together toolkits and assessment reports to address this issue
- There has been great success both for quality of life (fewer falls and hospital visits) and potential cost savings
  - <https://www.cfhi-fcass.ca/WhatWeDo/recent-programs/reducing-antipsychotic-medication-use-collaborative>
  - <https://www.hqontario.ca/portals/0/Documents/pr/looking-for-balance-en.pdf>

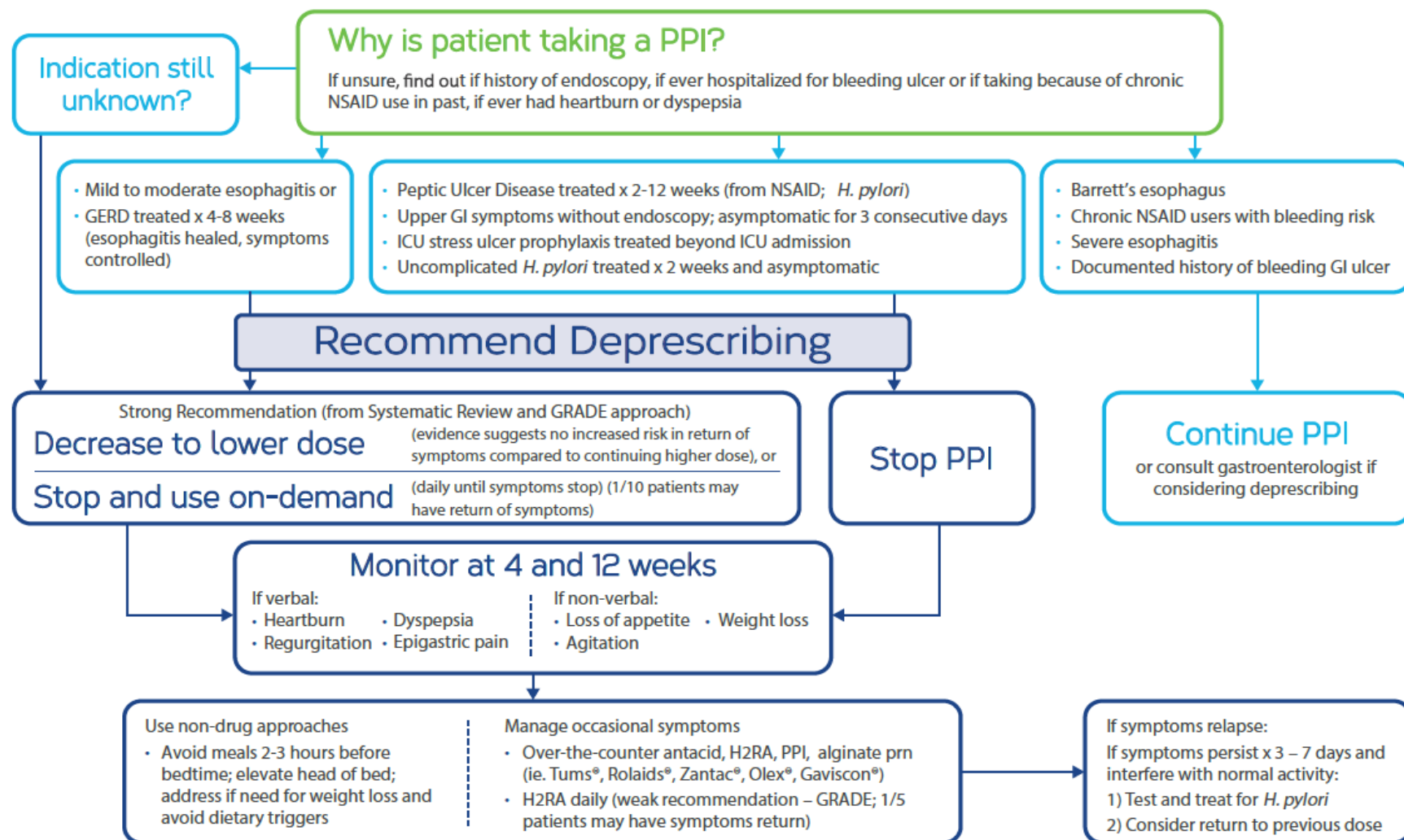
# Can this initiative be fostered into something more?





# The work of the Bruyère Deprescribing Guidelines Research Team since 2013

- Giving healthcare providers and patients evidence-based processes that help decide when and how to reduce certain medications
- 5 main topics: Benzodiazepines (like lorazepam or Ativan), **Antipsychotics (like risperidone or haloperidol)**, Proton Pump Inhibitors, Cholinesterase Inhibitors and Antihyperglycemics



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Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. *Can Fam Physician* 2017;63:354-64 (Eng), e253-65 (Fr).



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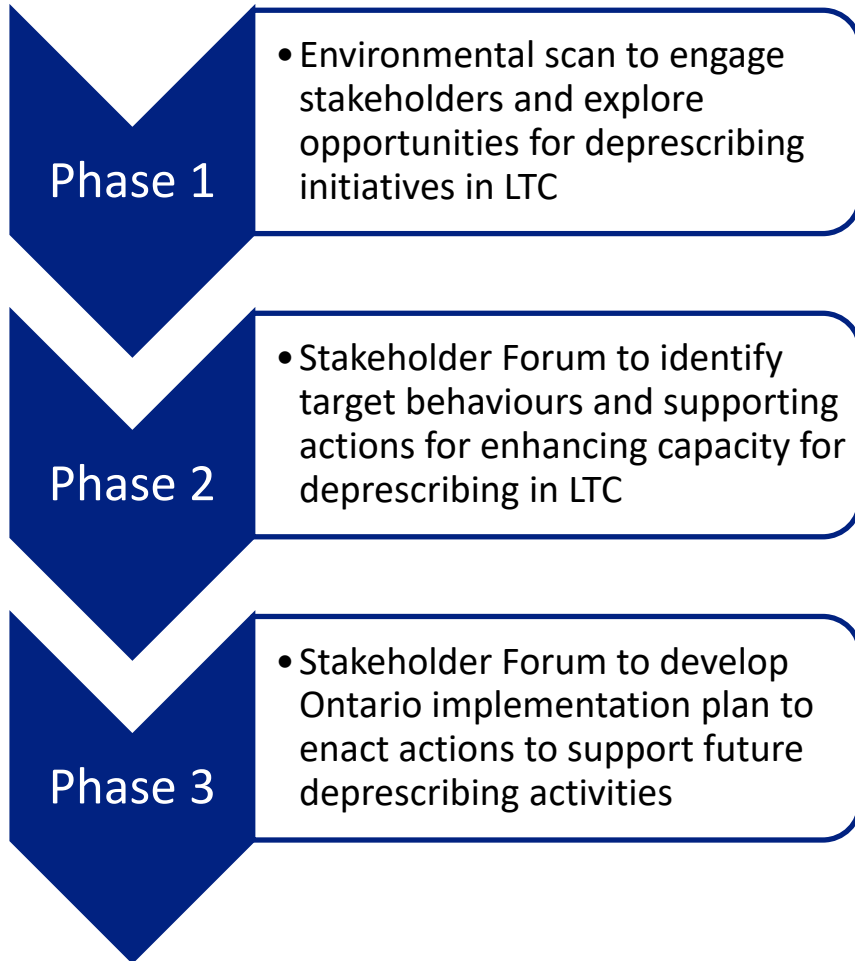
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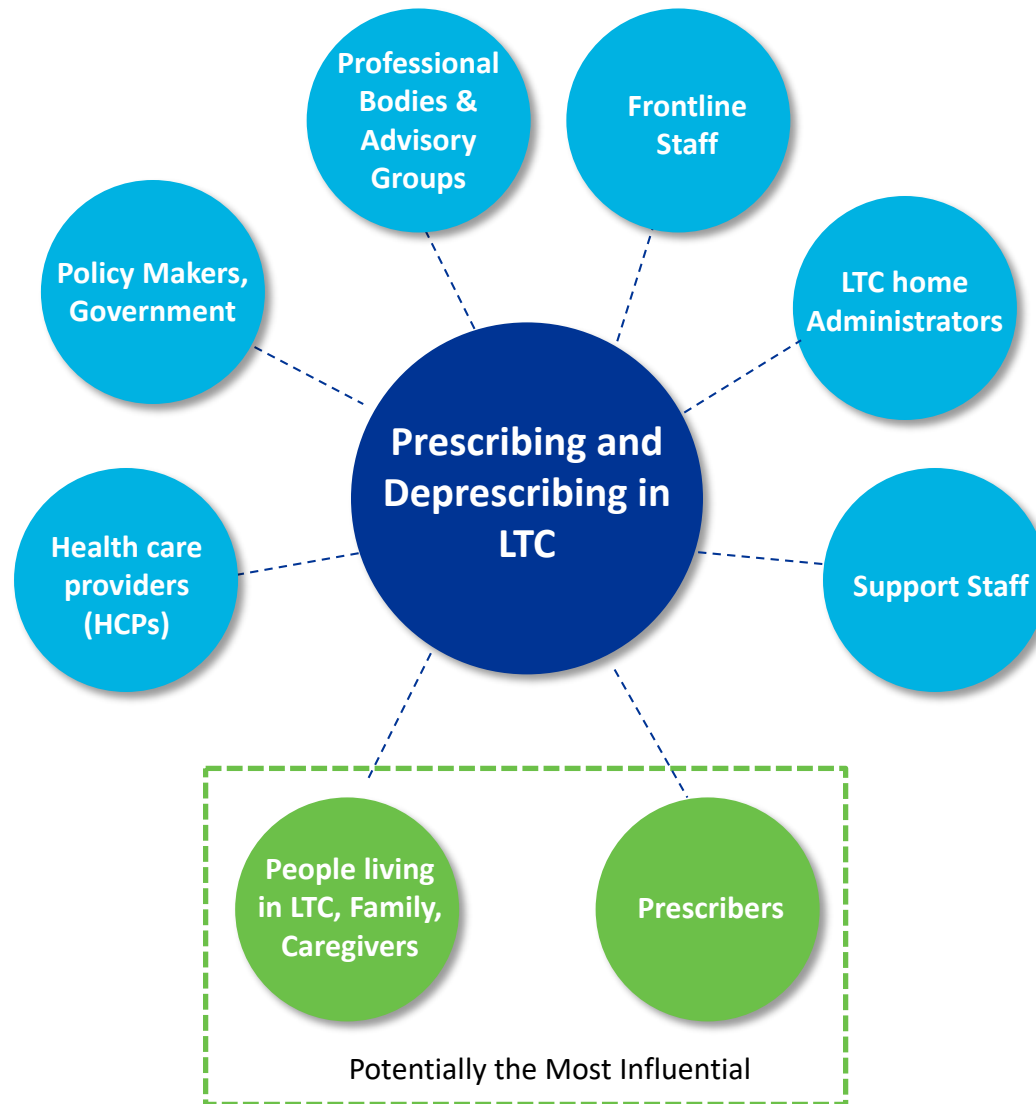
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# More recently in Long-Term Care



\*In collaboration with the  
Bruyère Centre for Learning,  
Research and Innovation in  
Long-Term Care (CLRI)

# Stakeholders that influence prescribing and deprescribing culture in LTC



# What did we hear from LTC stakeholders: Behaviour change priorities



1. Participate in deprescribing conversations

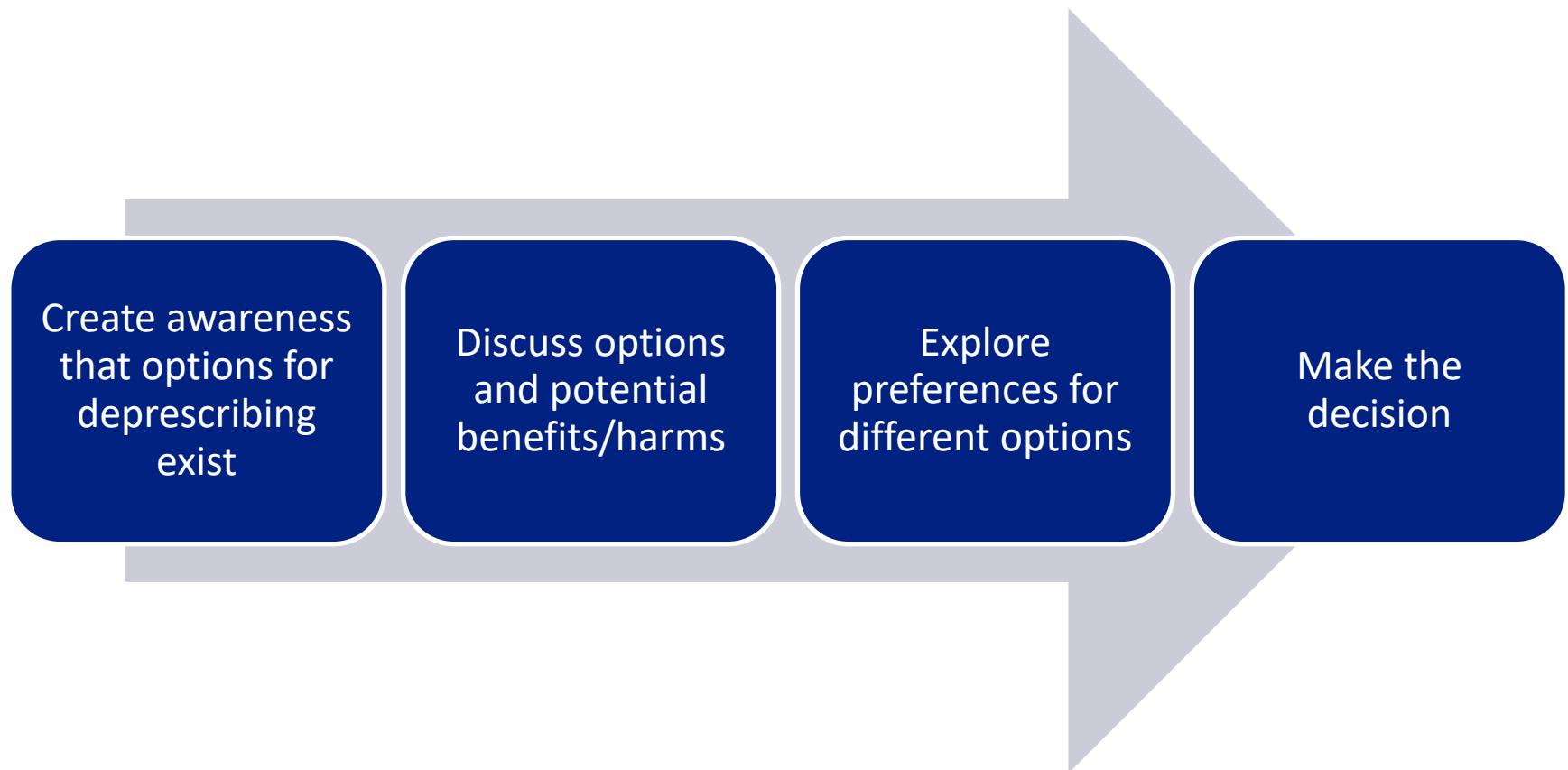
2. Participate in shared decision making



3. Help observe and report changes

# Too much medicine in older people?

## Deprescribing through shared decision making

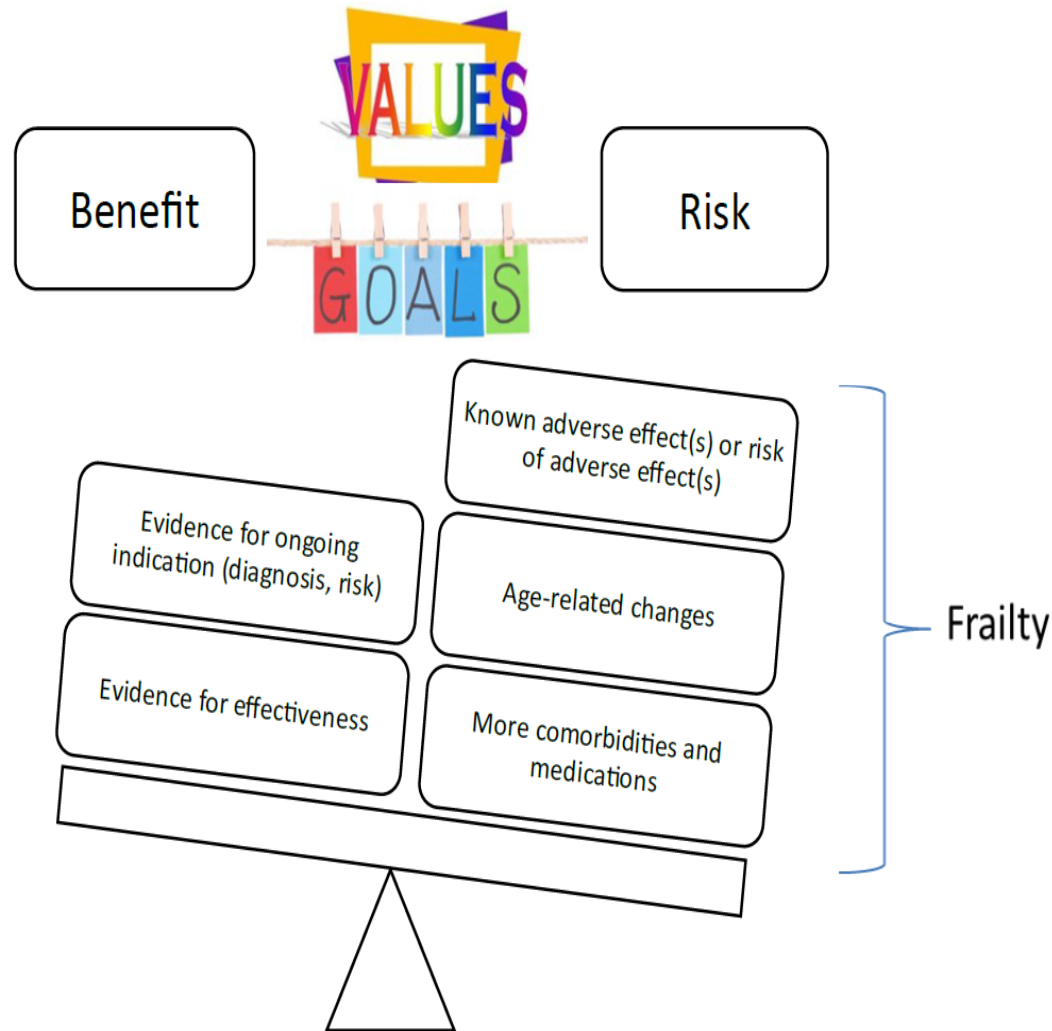


Jansen J et al. Too much medicine in older people? Deprescribing through shared decision making. *BMJ (Online)*, 2016;353(June). <https://doi.org/10.1136/bmj.i2893>

# Collaborative Care: the Resident and Caregiver experience



# Making deprescribing decisions





Family and caregivers can also play a role in these discussions.

*~ Be the eyes, ears and voice for the ones you care for ~*



# Susan's story

Holding slide to upload you tube testimonial video from this link:

<https://www.youtube.com/watch?v=B9JxoOpADOs>

# What role can you play as part of a LTC Council or Advisory group?

- Educate the people you support in LTC:
  - How to ask about medications their loved one is taking and why
  - Keep good records of any medication information

# The World Health Organization Patient Safety Campaign

<https://www.who.int/patientsafety/medication-safety/5moments/en/>



## 5 Moments for Medication Safety



### Starting a medication

- ▶ What is the name of this medication and what is it for?
- ▶ What are the risks and possible side-effects?



### Taking my medication

- ▶ When should I take this medication and how much should I take each time?
- ▶ What should I do if I have side-effects?



### Adding a medication

- ▶ Do I really need any other medication?
- ▶ Can this medication interact with my other medications?



### Reviewing my medication

- ▶ How long should I take each medication?
- ▶ Am I taking any medications I no longer need?



### Stopping my medication

- ▶ When should I stop each medication?
- ▶ If I have to stop my medication due to an unwanted effect, where should I report this?

The 5 Moments for Medication Safety are the key moments where action by the patient or caregiver can greatly reduce the risk of harm associated with the use of their medication/s. Each moment includes 5 critical questions. Some are self-reflective for the patient and some require support from a health professional to be answered and reflected upon correctly.

This tool for patient engagement has been developed as part of the third WHO Global Patient Safety Challenge: Medication Without Harm.

It is intended to engage patients in their own care in a more active way, to encourage their curiosity about the medications they are taking, and to empower them to communicate openly with their health professionals.

This tool is intended for use by patients, their families and caregivers, with the help of health professionals, at all levels of care and across all settings.

WHO/HIS/SDS/2019.6  
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For more information, please visit:  
<https://www.who.int/patientsafety/medication-safety/5moments/en/>



# Information from the Institute of Safe Medication Practices Canada

**5 QUESTIONS TO ASK ABOUT YOUR MEDICATIONS**  
when you see your doctor, nurse, or pharmacist.

**1. CHANGES?**  
Have any medications been added, stopped or changed, and why?

**2. CONTINUE?**  
What medications do I need to keep taking, and why?

**3. PROPER USE?**  
How do I take my medications, and for how long?

**4. MONITOR?**  
How will I know if my medication is working, and what side effects do I watch for?

**5. FOLLOW-UP?**  
Do I need any tests and when do I book my next visit?

**Keep your medication record up to date.**

**Remember to include:**

- ✓ drug allergies
- ✓ vitamins and minerals
- ✓ herbal/natural products
- ✓ all medications including non-prescription products

**Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.**

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ISMP  
Canadian Society of Hospital Pharmacists  
CPSP/CSHP  
CPSO  
CPSA  
SafeMedicationUse.ca

Visit [safemedicationuse.ca](http://safemedicationuse.ca) for more information.

<https://www.ismp-canada.org/medrec/5questions.htm>

# Example resources on the evidence based deprescribing guidelines website

Download information on how you can reduce or stop certain medications at <https://deprescribing.org/>

## deprescribing.org | Is a Proton Pump Inhibitor still needed?

August 2018

### What are Proton Pump Inhibitors (PPIs)?

Proton Pump Inhibitors, or PPIs, are a class of drugs that are used to treat problems such as heartburn or stomach ulcers.

There are many different types of PPI drugs:

- Lansoprazole (Prevacid<sup>®</sup>)
- Omeprazole (Losec<sup>®</sup>)
- Pantoprazole (Tecta<sup>®</sup>, Pantoloc<sup>®</sup>)
- Rabeprazole (Pariet<sup>®</sup>)
- Esomeprazole (Nexium<sup>®</sup>)
- Dexlansoprazole (Dexilant<sup>®</sup>)
- Omeprazole (Olex<sup>®</sup>)

### Why use less of, or stop using a Proton Pump Inhibitor?

While PPIs are effective at treating many stomach problems, such as heartburn, they are often only needed for a short period of time.

Despite this, many people take PPIs for longer than they may need.

Research shows that for some people, doses can be safely lowered or the drug used just when needed for symptom relief.

PPIs are generally a safe group of medications; however, they can cause headache, nausea, diarrhea and rash. They may also increase risk of:

- Low vitamin B12 and magnesium blood levels
- Bone fractures
- Pneumonia
- Intestinal infections such as *C. difficile*

### Stopping a Proton Pump Inhibitor is not for everyone

Some people need to stay on a PPI for a long time. However, others only need this medication for a short period of time.

When the ongoing reason for using a PPI is unclear, the risk of side effects may outweigh the chance of benefit.

People who should continue on a PPI include those with any of the following:

- Barrett's esophagus
- Long-term use of nonsteroidal anti-inflammatory drug (e.g. Advil<sup>®</sup>)
- Severe inflammation of the esophagus
- Documented history of bleeding stomach ulcer

### How to safely reduce a Proton Pump Inhibitor

People over the age of 18 who have been taking a PPI for more than 4 to 8 weeks should talk to a doctor, nurse practitioner or pharmacist about whether stopping a PPI is the right choice for them.

Doctors, nurse practitioners or pharmacists can help to decide on the best approach to using less of a PPI. They can advise on how to reduce the dose, whether to stop it altogether, or how to make lifestyle changes that can prevent heartburn symptoms from returning.

Reducing the dose might involve taking the PPI once daily instead of twice daily, lowering the number of mg (e.g. from 30mg to 15mg, or 40mg to 20mg, or 20mg to 10mg depending on the drug), or taking the PPI every second day for some time before stopping.

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Farrall B, Potter K, Thompson W, Duganowski T, Piccolo L, Heald FJ, et al. Deprescribing proton pump inhibitors. Evidence based clinical practice guideline. Can Fam Physician 2017;63:354-64 (Eng). e253-65 (F).

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## DEPREScribing: REDUCING MEDICATIONS SAFELY TO MEET LIFE'S CHANGES FOCUS ON ANTIHYPERGLYCEMICS

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As life changes, your medication needs may change as well. Medications that were once good for you, may not be the best choice for you now.

Deprescribing is a way for health care providers to help you safely cut back on medications.

### WHAT ARE ANTIHYPERGLYCEMICS?

- Drugs used to treat Type 2 diabetes in order to reduce blood sugar levels

- Examples include:

- Insulin
- Acarbose (e.g. Glucobay<sup>®</sup>)
- Metformin (e.g. Glucophage<sup>®</sup>)
- Alogliptin (Nesina<sup>®</sup>), linagliptin (Trajenta<sup>®</sup>), sitagliptin (Januvia<sup>®</sup>), saxagliptin (Onglyza<sup>®</sup>)
- Dulaglutide (Trulicity<sup>®</sup>), exenatide (e.g. Byetta<sup>®</sup>), liraglutide (Victoza<sup>®</sup>)
- Glizalide (e.g. Diamicon<sup>®</sup>), glimepiride (Amaryl<sup>®</sup>), glyburide (DiaBeta<sup>®</sup>), tolbutamide
- Repaglinide (Glucovance<sup>®</sup>)
- Canagliflozin (Invokana<sup>®</sup>), dapagliflozin (Farxiga<sup>®</sup>), empagliflozin (Jardiance<sup>®</sup>)
- Pioglitazone (Actos<sup>®</sup>), rosiglitazone (Avandia<sup>®</sup>)
- Products are available that combine 2 different drugs in 1 pill

### WHY CONSIDER REDUCING, STOPPING OR CHANGING AN ANTIHYPERGLYCEMIC?



- Low blood sugar in older people with Type 2 diabetes can cause falls, confusion, seizures and hospital visits



- Blood sugar targets may be higher in such people to avoid the risk of low blood sugar



- The benefits of tight blood sugar control are less clear for older adults, especially those who are frail, have dementia, or are very ill



- For many older people, reducing, stopping or changing antihyperglycemics can be done safely

### HOW TO SAFELY REDUCE, STOP OR CHANGE AN ANTIHYPERGLYCEMIC?



- Ask your health care provider to find out if deprescribing is for you: changes to your antihyperglycemics and your blood sugar targets should be done with supervision



- Tell your health care provider about the antihyperglycemic deprescribing algorithm, available online: <http://deprescribing.org/resources/deprescribing-guidelines-algorithm/>



- Download the antihyperglycemic patient information pamphlet, available online: <http://deprescribing.org/resources/deprescribing-information-pamphlet/>


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Farrall B, Black C, Thompson W, McCarthy L, Ryan-Randazzo C, Lohman H, et al. Deprescribing antihyperglycemic agents in older people. Evidence based clinical practice guideline. Can Fam Physician 2017;63:457-65 (Eng). e461-65 (F).

Ask questions, stay informed and be proactive.

 Bruyère

# Examples of medication record keeping

 Knowledge is the *best* medicine

Medication Record

Medication List

Name:

Last Updated:

What medication am I taking?	Why am I taking this medication?	What does the medication look like?	How often am I taking this medication?	Who prescribed the medication?	When did I start taking this medication?	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

App

<https://www.knowledgeisthebestmedicine.org/index.php/en/app.1.html>

AND

[https://www.knowledgeisthebestmedicine.org/index.php/en/medication\\_record.1.html](https://www.knowledgeisthebestmedicine.org/index.php/en/medication_record.1.html)

MyMedRec is a portable up to date health record that can be easily shared with your family, doctor, nurse, pharmacist or anyone else involved in your healthcare. It keeps track of the medicines that you and your family members are taking and many other elements related to your health. Use it to remind you when to take a dose and when to refill your prescription. With MyMedRec all of your important health information is saved in one easily accessible place.

MyMedRec was designed by Canada's leading health care associations as a safe and smart way to help you get the most out of your medicines.



Download App

Download App

Download App



# Example resources on the Canadian Deprescribing Network website

Download information on how you can reduce or stop certain medications at [deprescribingnetwork.ca](https://deprescribingnetwork.ca)



\*Also available in French



# What role can you play as part of a LTC Council or Advisory group?

- Strategize a feasible implementation plan in collaboration with those at your LTC home
  - When can conversations happen?
  - Who can conversations happen with?
  - What is the process one should follow?
  - Are there tools that could help?

**\*THERE IS NOTHING WRONG WITH BABY STEPS\***

# What role can you play as part of a LTC Council or Advisory group?

- Encourage participation throughout the deprescribing plan



deprescribing.org | Is an Antipsychotic still needed?

August 2018

## What to monitor while reducing an antipsychotic

If used for BPSD, it's important to check for, and report signs of psychosis, aggression, agitation, delusions, and hallucinations.

If used for insomnia, there is no usual withdrawal reaction. Some people may feel less sedated and need help with sleeping strategies.

Reducing or stopping antipsychotics may improve alertness, movement or balance problems and lead to fewer falls. It may also lessen spasms, tremors, and jerky movements.

## What to do if BPSD symptoms return

Consider non-drug approaches:

- Ask about relaxation therapy, more social contact and structured activities, music therapy, aromatherapy, or behavioral therapy
- Treat problems like pain, infection, constipation or depression that can cause or worsen BPSD
- Reduce environmental triggers like too much light or noise
- Ask your health care provider to review medications to see if any are worsening BPSD symptoms

If non-drug approaches are not effective to manage returning BPSD symptoms, some patients may need to have their antipsychotic restarted at the lowest effective dose or switched to a different drug. Another trial of deprescribing can be attempted in 3 months if symptoms are stable. At least 2 attempts to deprescribe antipsychotics should be made.

## What to do if insomnia continues

Talk to a health care provider about treating underlying conditions that are affecting sleep. Avoid using other medications to treat insomnia. Most sedatives contribute to sedation and increase risk of falls. Ask about "cognitive behavioural therapy" – an educational approach that has been shown to treat insomnia successfully. Check out this resource for more information: <http://sleepwellns.ca/>

Consider these practical strategies for improving sleep behaviour:

For a person who lives in the community:

- Go to bed only when sleepy
- Do not use bed or bedroom for anything but sleep (or intimacy)
- If not asleep within 20-30 min on going/returning to bed, exit the bedroom
- Use alarm to awaken at the same time every morning
- Do not nap
- Avoid caffeine after noon
- Avoid exercise nicotine, alcohol, and big meals 2 hours before bedtime

For a person who lives in long-term care or hospital:

- Pull up curtains during the day for light exposure
- Keep alarm noises to a minimum
- Increase daytime activity
- Reduce the number of naps (no more than 30 min and no naps after 2 pm)
- Use toilet before going to bed
- Have regular bedtime and rising times
- Avoid waking at night for direct care
- Try backrubs, or gentle massages

## Personalized antipsychotic dose reduction strategy

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*This pamphlet accompanies a deprescribing guideline and algorithm that can be used by doctors, nurse practitioners, or pharmacists to guide deprescribing.*

Visit  
**deprescribing.org**  
for more information.



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Bjorne LM, Farrell B, Hoge JM, Graham L, Lemay G, McCarthy L, et al. Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia: Evidence-based clinical practice guideline. Can Fam Physician 2018;64(12):27 (Eng, es + fr) (6).



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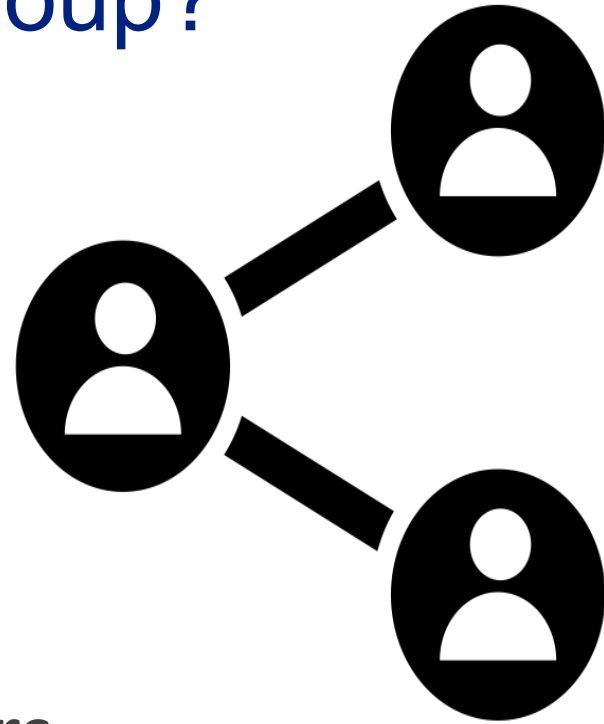
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# What role can you play as part of a LTC Council or Advisory group?

- Spread the word
  - Presentations
  - Booths or fairs
  - Orientation packages
  - Testimonials, newsletters
  - Collaborate with the providers at your LTC home



# What role can you play as part of a LTC Council or Advisory group?



- Call for action  
→ What is the piece that you will commit to?





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