

## Safe and Effective Strategies for Deprescribing Medications

Deprescribing is a patient-centered process aimed at reducing or discontinuing medications that may no longer be beneficial or that pose more risk than benefit. This process should emphasize patient safety and shared decision making between healthcare providers and their patients. As polypharmacy becomes increasingly common, particularly among older adults, healthcare providers must adopt structured approaches to identify individuals for deprescribing, minimize withdrawal effects, and monitor outcomes. The following outlines key principles and practical steps to ensure safe and effective deprescribing.

### 1. Conduct a Comprehensive Medication Review

First, compile a complete list of all prescribed drugs, over-the-counter products, supplements, and herbal remedies. Collaborate with the patient (and caregivers, if appropriate) to confirm dosages, administration schedules, and perceived benefits or concerns. Employ tools such as the Beers Criteria or STOP/START guidelines to identify potentially inappropriate medications in older adults. Involving a pharmacist can enhance accuracy in detecting medication interactions, duplications, or drugs with limited ongoing utilization.

### 2. Assess Each Medication's Risks and Benefits

For each drug, evaluate its current indication versus potential harms.

Consider:

- **Therapeutic goals:** Has the original condition resolved, or have goals of care changed (e.g., from curative to palliative)?
- **Time-to-benefit:** Some medications (e.g., statins for primary prevention) may take years to yield benefit, if life expectancy is limited, deprescribing may be prudent.
- **Adverse effects and interactions:** Weigh incidence of side effects (e.g., falls from benzodiazepines, hypotension from antihypertensives) against therapeutic gains.
- **Patient preferences:** Engage patients in shared decision-making; inquire about priorities, quality-of-life concerns, and willingness to taper medications.

### 3. Prioritize and Create a Deprescribing Plan

Not every medication needs immediate discontinuation. Rank drugs based on urgency of tapering, typically those with higher risk of harm or minimal benefit are addressed first. Develop a structured taper schedule:

- **Gradual dose reductions:** For medications such as opioids, antidepressants, or proton pump inhibitors, abrupt cessation may trigger withdrawal or rebound event. Implement stepwise dose decreases (e.g., 25%–50% every one to two weeks), adjusting tapering schedules according to patient tolerance.
- **Monitor for withdrawal or symptom recurrence:** Provide clear instructions on signs to watch (e.g., anxiety during benzodiazepine taper, acid reflux symptoms off proton pump inhibitors) and establish follow-up intervals (in-person or telehealth) to reassess clinical status.
- **Use “stop dates” and clear labeling:** Document intended discontinuation dates in the medication lists and prescriptions. Communicating to all members of the care team discontinuation dates prevents automatic refill renewals.

### 4. Engage Support Systems and Educate

Empower patients by explaining the rationale for deprescribing: reducing pill burden, minimizing side effects, and simplifying medication regimens. Provide written instructions and encourage keeping a symptom diary.

Involve family members or caregivers to assist with monitoring adherence and emerging symptoms. For complex cases, consider multidisciplinary meetings including physicians, pharmacists, and nurses to align on the deprescribing approach.

### 5. Schedule Regular Follow-Up and Reassess

After initiating tapering, maintain close surveillance, initial follow-up might be scheduled within one to two weeks, then monthly or as clinically indicated. At each visit:

- **Evaluate symptom control:** Assess whether the underlying condition remains managed (e.g., anxiety, blood pressure within target) or if withdrawal symptoms emerge.
- **Check for unintended consequences:** Watch for nutritional changes, mood alterations, or cognitive changes that may result from medication tapers.
- **Adjust the plan as needed:** If adverse effects occur, slow the taper, or temporarily reinstate a lower dose. Conversely, if the patient tolerates reductions well, consider deprescribing the medication entirely.

### Conclusion

Deprescribing is an essential component of high-quality, patient-centered care, especially in populations vulnerable to polypharmacy. By systematically reviewing medications, evaluating risks versus benefits, devising individualized tapering strategies, and ensuring vigilant monitoring, healthcare providers can safely discontinue unnecessary drugs. Collaborative communication with patients, caregivers, and multidisciplinary teams further enhances the likelihood of successful deprescribing and optimizes overall health outcomes.

### References:

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4735229/#:~:text=It%20is%20important%20to%20recognise%20that%20appropriate,patient's%20clinical%20conditions%2C%20but%20also%20over%20time.>
2. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10002935/#:~:text=The%20opioid%20deprescribing%20schedule%20in,days%20in%20medically%20dangerous%20situations.>

### PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

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|  |  |
| ACC-RBHA, DD, ALTCS and DCS CHP   | Behavioral Health (Non-Title 19/21)   |

**\*\* Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted\*\***

**Reminder** for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

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