Upstream and Downstream from the Guidelines

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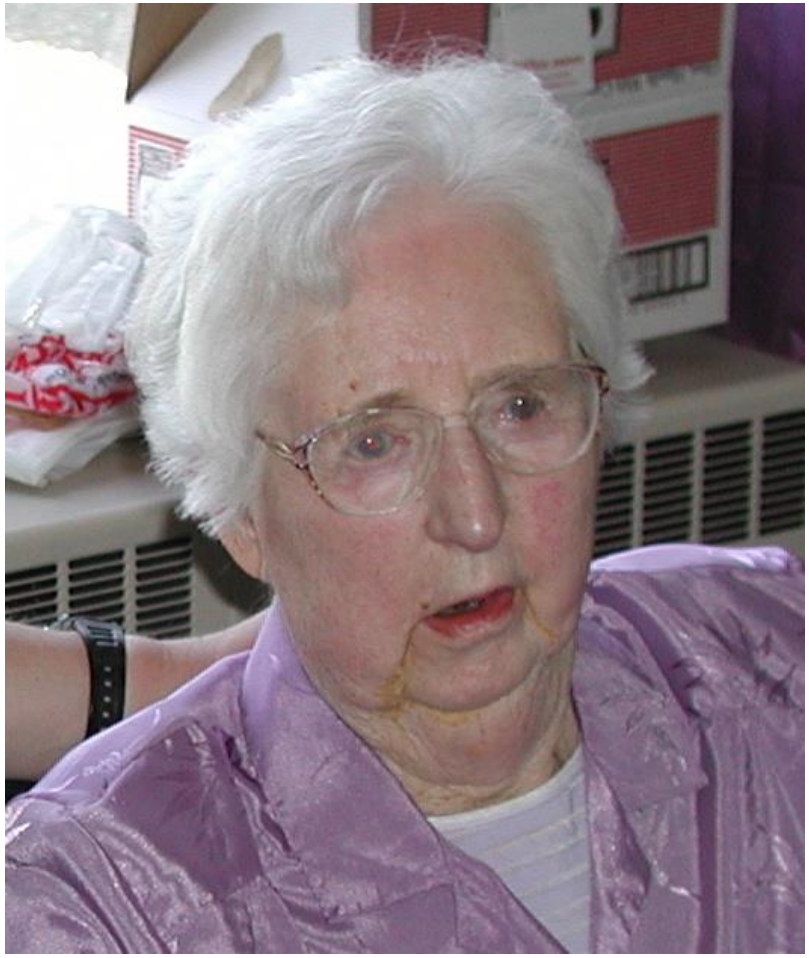
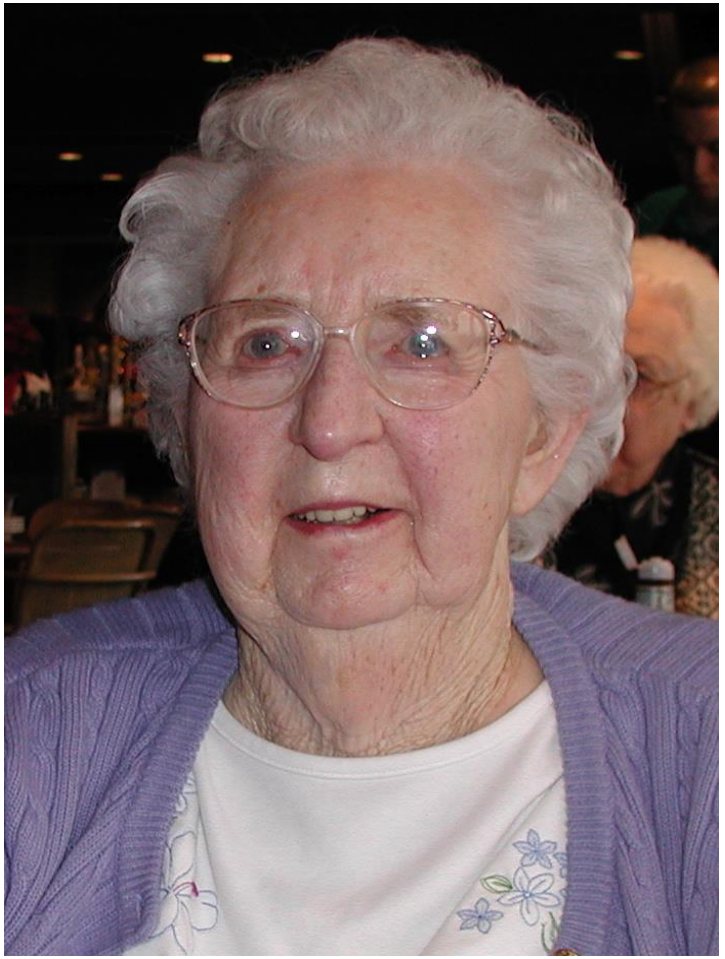
Downstream from deprescribing…
Two family stories

- There's DE-prescribing a problematic drug…and then there's RE-prescribing the same drug. Why?
- My stepmother Pat was represcribed a sleeping pill in hospital that had previously caused an ED visit to a different hospital, after her GP had stopped it
- My mother-in-law Fervid received a serotonergic drug after suffering from serotonin syndrome (same facility, but a different doctor)

Downstream from desprescribing



Fervid over-medicated



Fervid back to normal

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Downstream from deprescribing

- A study by Dr. Corrine Hohl shows 1 in 9 people presenting at the Emergency Department are having an adverse drug event
- Of these, almost 29% are having a repeat ADE to the same drug (or drug class) that had brought them to the ED previously
- The culprit drug had been stopped, the ADE documented and the patient discharged
- They are then re-prescribed (by a GP, specialist, walk-in clinic?) in the community usually within 6 months

Downstream from deprescribing

- Families can end up being the interface between different healthcare sectors (community, hospital)
- If EMRs exist, they often don't "talk" to one another
- Are you including family members in your guidelines conversations?

BUT

- What if the family isn't knowledgeable or doesn't remember the elder's medications?
- What if there's no family involved?
- Elders are told to take meds for the rest of their life and to "know their numbers", now you want to stop them (trust)?

Upstream from deprescribing – Why so many drugs?

- There may be many prescribers but nobody is "minding the store" – poor communication or agreement between GPs and specialists (partialists)
- The specialist is treating their "organ of choice" and may not consider the whole picture/patient and the burden of medication and may restart prescriptions
- Pecking order – the GP may not want to discontinue the specialist's prescription even if they see problems with too many drugs
- Doctors aren't trained in deprescribing, hence the guidelines (but will they find and use them?)

Upstream from deprescribing

- Meaningful medication reviews almost never happen in the community (they may happen in a care home for the first time)
- the fee for service system doesn't allow for review of medication lists and carrying out a pause and monitor plan for stopping drugs
- Elders may get a lot more drugs if they enter a hospital
- They may be re-prescribed stopped drugs