deprescribing.org

Reducing medications safely to meet life's changes

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

Toward Future Evidence-Based Deprescribing Guidelines: Getting Started

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Deprescribing Guidelines Symposium

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Drug/Drug class	Number (%) of participants - Topic would probably/definitely be useful
✓ 1. Benzodiazepines	59/64 (92%)
✓ 2. Atypical antipsychotics	59/64 (92%)
✓ 3. Proton-pump inhibitors	56/64 (88%)
4. Typical antipsychotics	56/64 (88%)
✓ 5. Zopiclone	55/64 (86%)
6. Opioids	53/64 (83%)
7. Statins	52/64 (81%)
8. Urinary anticholinergics	52/64 (81%)
9. Tricyclic antidepressants	49/64 (77%)
10. Beta blockers	49/64 (77%)
✓ 11. Cholinesterase inhibitors	47/64 (73%)
12. Antiplatelets	47/64 (73%)
13. Selective serotonin reuptake inhibitors	46/64 (72%)
14. Trazodone	46/64 (72%)

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Steps for Developing a Deprescribing Guideline

Preparation: Funding and Guideline Development Team (GDT) Composition

1. Define scope and purpose
2. Generate key clinical questions
3. Set criteria for admissible evidence; conduct systematic review(s)
4. Synthesize evidence (including harms, patient values, resource implications, other guidelines) (GRADE)
5. Formulate recommendations; assess strength (GRADE)
6. Add clinical considerations
7. Conduct clinical and stakeholder review (AGREE II)
8. Update evidence and recommendations pre-publication

Farrell B et al. (2016) PLoS ONE 11(8): e0161248. doi:10.1371/journal.pone.0161248

Preparation - Funding

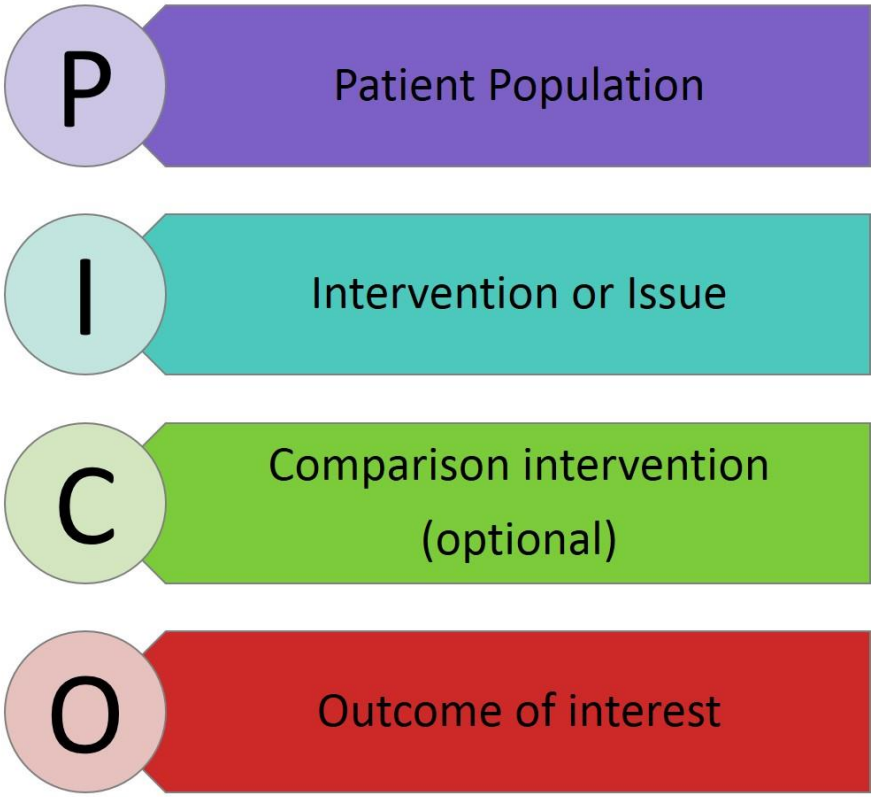
- Identify potential funding sources
  - Critical budget items for efficient development of a deprescribing guideline are:
    - Coordinator salary (for ~ 1 year)
    - Medical librarian consultation
    - Support staff (research assistants, students)
    - Consumables
    - GDT meetings (x2)
    - Knowledge translation: open access fees, poster printing, etc.

Preparation - GDT

- Team Composition
  - Determined by medication class and intended audience
  - Ideally, a member from each professional group that will use the guideline, usually:
    - Family physicians
    - Specialist physicians
    - Pharmacists
    - Nurse practitioners
    - Long-term care physician, internist or a geriatrician (depending on the target population)
    - Methodologist (systematic reviews + GRADE)
    - Patient
  - Consider conflicts of interest early

Determining Scope and Purpose

- Important to focus literature searches, workload and avoid later disagreement
- Decisions
  - >65 or all adults?
    - e.g. PPI deprescribing studies primarily in younger people
  - Scope of conditions
    - e.g. primary insomnia vs. insomnia with co-morbidities
  - Who should be excluded?



Examples of PICO questions

- In adults, what are the effects (harms and benefits) associated with deprescribing long-term daily PPI therapy compared to continuous and chronic use?
- What are the effects (benefits and harms) of deprescribing BZRAs compared to continued use in adults with insomnia?
- What are the effects (harms and benefits) associated with deprescribing compared to continuation of antipsychotic medication for the treatment of BPSD in adults?
- In adults with type 2 diabetes, what are the effects (benefits and harms) of deprescribing (stopping, reducing dose, gradual tapering, and prescription substitution) antihyperglycemics compared to continued use of antihyperglycemics?”

Generate Key Clinical Questions

- Benefit of continuing the drug (e.g. antihyperglycemics) – extrapolate info from evidence reviews + guidelines
- Harm of continuing the drug (review of reviews of harms)
- Weighing benefit/harm
- Difference in frailty or dementia?
- Management of withdrawal or rebound symptoms

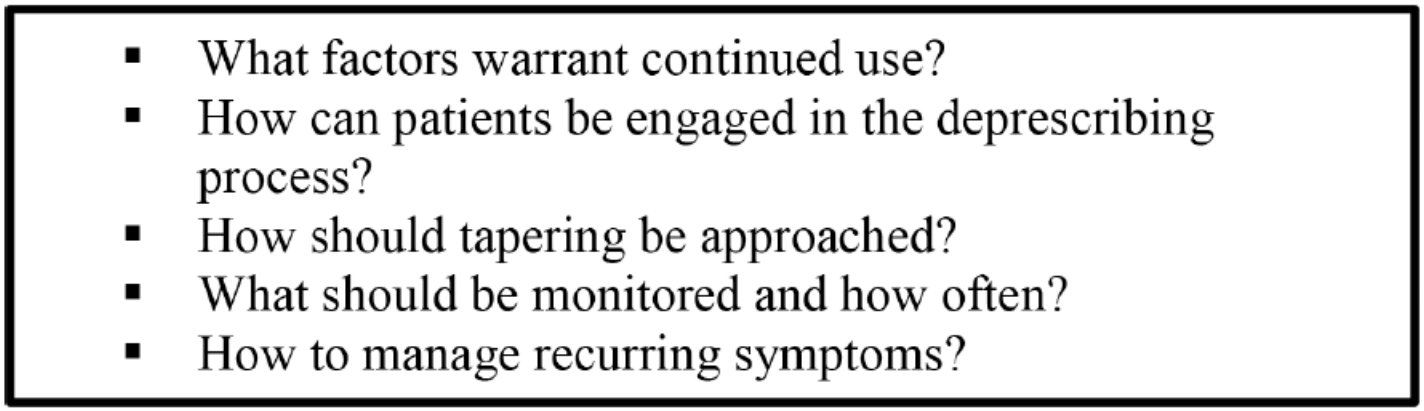


Fig 4. Sample clinical consideration questions.

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