Easy to Start, Hard to Stop:
How do we Deprescribe?

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The speaker has no relationship to disclose.

Objectives

- Name 5 medication classes that should be considered for deprescribing in older adults.
- Develop a patient safety plan for deprescribing medications/classes.
- Evaluation of patient outcomes during/following course of deprescribing.

Outline

1. Assess anticholinergic load in older adults
2. Drugs that need to be tapered
3. Prescribing Cascades
4. 2 drugs that are BEGGING to be deprescribed

3 Terms Essential to our Discussion

- Adverse Drug Events
- Polypharmacy
- Deprescribing

Adverse Drug Event

- Serious consequences of inappropriate drug prescribing
- Examples: Falls, hospitalization, death
- Many ADEs are dose related!

What's the most common predictor of adverse drug events (ADE)?

What's Polypharmacy?

"Pill for every ill" mentality

Deprescribing

What's Deprescribing?

- "*planned* and *supervised* process of *dose reduction* or *stopping of medication* that might be causing harm or might no longer be providing benefit"
- Deprescribing is part of good prescribing

Thompson W, Farrell B. Deprescribing: what is it and what does the evidence tell us? Can J Hosp Pharm2013;**66**(3):201-2.

Why Deprescribing?

- Reduce polypharmacy
- Reduce pill burden
- Improve patient outcomes
- Reduce potential for harm

Thompson W, Farrell B. Deprescribing: what is it and what does the evidence tell us? Can J Hosp Pharm2013;**66**(3):201-2.

Deprescribing: Not Easy

- Possible medical harm, adverse events
- Patients may resist describing
- Guidance for providers?

http://www.annfammed.org/content/15/4/341. Accessed January 23, 2019.

How do I start? Where do I look?

The Process

1. **Perform the "Brown Bag test"**

Make sure you have the dosages!

- **Include dosing information, adherence, start date, and prescriber**
- **Include PRN medications, herbal supplements, vitamins, and over-the counter medications**

Bemben NM. Deprescribing: an application to medication management in older adults. *Pharmacotherapy* 2016;36:774-80.

The Process

2. **Evaluate the medication list**

Does every med have an indication? And is it appropriate? (age, co-morbids, dose appropriate)

Align with patient's life expectancy

Utilize guidelines:

i. Beers criteria
ii. STOPP
iii. START
iv. MAI

Bemben NM. Deprescribing: an application to medication management in older adults. *Pharmacotherapy* 2016;36:774-80.

The Process

3. Deprescribing Plan

a. Urgent Needs: those meds causing harm or suspected harm
b. Those producing side effects (or suspected side effects)
c. Meds without an indication or/are part of a prescribing cascade
d. Create timeline
e. Follow up and monitor

Bemben NM. Deprescribing: an application to medication management in older adults. *Pharmacotherapy* 2016;36:774-80.

Obvious Ones!

1. Asthma and a beta blocker
2. Anticholinergic med and dementia, BPH
3. HF and NSAIDs, TZD, CCB
4. NSAIDs and HTN, gastric ulcer
5. Urinary incontinence and diuretic
6. Statin in a 95 year old

Prioritizing

1. Stop one med at a time
2. Highest risk to benefit ratio
3. Taper if needed
4. Monitor patient for worsening or withdrawal

Bemben NM. Deprescribing: an application to medication management in older adults. *Pharmacotherapy* 2016;36:774-80.

Deprescribing is often driven by an Adverse Drug Event.

Mr. E is an 80 year old who has had progressive changes in memory over the past 4-5 months. He sometimes has difficulty finding words, remembering times of his NP appts. His family reports that his symptoms vary from day to day but are generally worse at the end of the day. He has not had noticeable changes in his ability to walk or perform his ADLs.

Take Home Point

Any new symptom in an older adult should be considered drug-related until proven otherwise!

Mr. E

MEDS

Spiriva
Albuterol PRN
Lisinopril
Amlodipine
Metformin
Amitriptyline
Calcium/Vitamin D
~~Benadryl PRN insomnia~~

MED HX

- COPD
- HTN
- DM
- Polyneuropathy
- Osteoporosis
- Insomnia

Why do older adults have Acetylcholine Issues?

- ✓Increased permeability of blood brain barrier
- ✓Decreased drug metabolism
- ✓Decreased drug elimination
- ✓Age related deficit in central cholinergic transmission

Evaluate the Anticholinergic Burden

- Anticholinergic meds may increase the risk of delirium, cognitive impairment, falls, hospitalization, etc.
- Evaluate the "anticholinergic burden" *(multiple meds can add up!)*

Indianapolis Discovery Network for Dementia. Anticholinergic Cognitive Burden Scale. 2012. http://www.agingbraincare.org/uploads/products/ACB_scale_-_legal_size.pdf. (Accessed January 2, 2019).

Assess the Anticholinergic Burden

- Not all anticholinergics have the same clinical effects
- Some have minor effects
- Others can have MAJOR effects

Sittironnarit G, Ames D, Bush AI, et al. Effects of anticholinergic drugs on cognitive function in older Australians: results for the AIBL study. *Dement Geriatr Cogn Disord* 2011;31:173-8.

Why Variation in Anticholinergic Clinical Effects?

- Different affinities for the muscarinic receptor subtypes
- Different tissue distributions of the drugs
- Differences in ability to cross the blood-brain barrier

Sittironnarit G, Ames D, Bush AI, et al. Effects of anticholinergic drugs on cognitive function in older Australians: results for the AIBL study. *Dement Geriatr Cogn Disord* 2011;31:173-8.

Take Home Point

Not all anticholinergics are created equally!

Strategy to Reduce the Anticholinergic Burden

- Identify meds with greatest anticholinergic activity
- Eliminate med when possible
- Reduce to lowest effective dose
- Substitute a drug for another with lower anticholinergic activity

Gray SL, Anderson ML, Dublin S, et al. Cumulative use of strong anticholinergics and incident dementia: a prospective cohort study. *JAMA Intern Med* 2015;175:401-7.

Degree of AC Activity

- Low (+1)
- Medium/High (+2/3)

Gray SL, Anderson ML, Dublin S, et al. Cumulative use of strong anticholinergics and incident dementia: a prospective cohort study. *JAMA Intern Med* 2015;175:401-7.

Some Analgesics

Medium/High	Low
• Ultram	• Codeine
• Meperidine	• Morphine
• Amitriptyline	• Oxycodone
	• Duloxetine

Clinical Resource, *Drugs With Anticholinergic Activity. Pharmacist's Letter/Prescriber's Letter.* August 2017.

Some Antihistamines

Medium/High	Low
• Fexofenadine	• Loratadine
• Cetirizine (controversial)	• Desloratadine
• Diphenhydramine	• Levocetirizine
• Hydroxyzine	

Clinical Resource, *Drugs With Anticholinergic Activity. Pharmacist's Letter/Prescriber's Letter.* August 2017.

Some Antidepressants

Medium/High	Low
• Paroxetine	• Sertraline
• Amitriptyline	• Trazadone
• Nortriptyline	• Venlafaxine
	• Citalopram
	• Escitalopram
	• Fluoxetine

Clinical Resource, *Drugs With Anticholinergic Activity. Pharmacist's Letter/Prescriber's Letter.* August 2017.

Some Benzos

Medium/High	Low
• None	• Alprazolam
	• Diazepam
	• Lorazepam

Clinical Resource, *Drugs With Anticholinergic Activity. Pharmacist's Letter/Prescriber's Letter.* August 2017.

Some H2 Blockers

Medium/High

- Zantac

Low

- Cimetidine
- Famotidine
- Nizatidine

Clinical Resource, *Drugs With Anticholinergic Activity. Pharmacist's Letter/Prescriber's Letter.* August 2017.

Take Home Point

When evaluating the med list…..

Evaluate the anticholinergic load--especially in older adults!

Drug Tapering

When evaluating the med list…..

Some drugs might need to be tapered as they are deprescribed!

Might need a Taper

- SSRIs
- Benzos
- Z drugs
- Beta blockers
- Steroids
- Many Others

SSRIs/SNRIs

(Selective Serotonin Reuptake Inhibitors)

(Serotonin, Norepinephrine Reuptake Inhibitors)

Rationale for SSRI Taper

Withdrawal symptoms

(FINISH syndrome):

- **F**lu-like symptoms
- **In**somnia
- **I**mbalance
- **S**ensory disturbances (electric shocks)
- **H**yperarousal

Lader M. Pharmacotherapy of mood disorders and treatment discontinuation. *Drugs* 2007;67:1657-63.

SSRI/SNRI Withdrawal

- Symptoms usually begin and peak within 1 week, last 1-21 days and are usually mild
- Most common with paroxetine (***Paxil***) and venlafaxine (***Effexor)***

Katzman MA, Bleau P, Blier P, et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC Psychiatry* 2014;14(Suppl 1):S1. Epub 2014 Jul 2.

SSRI/SNRI Taper Strategy #1

- Taper most antidepressants over 4 weeks
- Taper over at least four weeks if taken for at least six weeks

Hogan DB. Strategies for discontinuing psychotropic medications. Canadian Geriatrics Society. *CGS Journal of CME* 2014;4(2):14-8. http://canadiangeriatrics.ca/default/index.cfm/linkservid/0844EB81-E025-AE0C-595582DFCE2E49DA/showMeta/0/. (Accessed December 3, 2018).

SSRI/SNRI Taper Strategy #2

- Fluoxetine (Prozac) may NOT need tapering...due to its long half-life

Hogan DB. Strategies for discontinuing psychotropic medications. Canadian Geriatrics Society. *CGS Journal of CME* 2014;4(2):14-8. http://canadiangeriatrics.ca/default/index.cfm/linkservid/0844EB81-E025-AE0C-595582DFCE2E49DA/showMeta/0/. (Accessed December 3, 2018).

SSRI/SNRI Taper Strategy #3

- Go slower for paroxetine or venlafaxine...due to their short half-lives

Hogan DB. Strategies for discontinuing psychotropic medications. Canadian Geriatrics Society. *CGS Journal of CME* 2014;4(2):14-8. http://canadiangeriatrics.ca/default/index.cfm/linkservid/0844EB81-E025-AE0C-595582DFCE2E49DA/showMeta/0/. (Accessed December 3, 2018).

Paroxetine, Venlafaxine Tapering

- Consider reducing dose by 25% every four to six weeks
- Reduce the daily dose of venlafaxine ER by 37.5 to 75 mg weekly
- Paroxetine CR by 12.5 mg weekly

Product information for *Effexor ER*. Pfizer Inc. New York, NY 10017. October 2015.
Product information for *Paxil CR*. GlaxoSmithKline. Research Triangle Park, NC 27709. July 2014.

SSRI Tapering

- Tapering may not completely eliminate symptoms
- Symptoms are usually transient and mild. If symptoms are problematic, return to previous dose or switch to fluoxetine

Schatzberg AF, Blier P, Delgado PL, et al. Antidepressant discontinuation syndrome: consensus panel recommendations for clinical management and additional research. *J Clin Psychiatry* 2006;67(Suppl 4):27-30.

SSRI Tapering: Panic Disorder (Gradually)

- In panic disorder, reduce by one dosage step every one to two months
- Ensure that panic disorder is in good control

American Psychiatric Association. Practice guideline for the treatment of patients with panic disorder. 2nd edition. Jauary 2009. http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf. (Accessed December 3, 2018).

SSRI Tapering: OCD (Gradually)

- Obsessive compulsive disorder, reduce by 10% to 25% every one to two months

American Psychiatric Association. Practice guideline for the treatment of patients with obsessive-compulsive disorder. July 2007. http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/ocd.pdf. (Accessed December 3, 2018).

Benzodiazepines
and the
"Z Drugs"

Benzodiazepines

Agent	Brand	Duration
Alprazolam	Xanax	Short/intermediate
Lorazepam	Ativan	Short/Intermediate
Oxazepam	Serax	Short/Intermediate
Clonazepam	Klonopin	Long
Diazepam	Valium	Long
Flurazepam	Dalmane	Long

Tapering Benzodiazepines

- Should usually be tapered to minimize withdrawal symptoms (anxiety, seizures, tremors, etc)

Benzo Risk factors for withdrawal

- Use > 1 year
- High dose
- Short duration of action med (triazolam [*Halcion*], alprazolam [*Xanax*; especially if daily dose >4 mg for >12 weeks], lorazepam [*Ativan*])

Guthrie SK, Bostwick JR. Anxiety disorders. In: Alldredge BK, Corelli RL, Ernst ME, et al, editors. Koda-Kimble & Young's Applied Therapeutics: the Clinical Use of Drugs. 10th ed. Philadelphia, PA: Lippincott Williams & Wilkins, 2013: 1863-99.

Benzo Withdrawal Sx

- Anxiety
- Agitation
- Nausea/vomit hallucinations
- Seizures
- Sweating,
- Tachycardia
- Muscle cramps
- Tremor
- Insomnia

Guthrie SK, Bostwick JR. Anxiety disorders. In: Alldredge BK, Corelli RL, Ernst ME, et al, editors. Koda-Kimble & Young's Applied Therapeutics: the Clinical Use of Drugs. 10th ed. Philadelphia, PA: Lippincott Williams & Wilkins, 2013: 1863-99.

Benzo Taper Strategy #1

- Consider reducing the dose rather than extending the dosing interval to avoid between-dose withdrawal

American Psychiatric Association. Practice guideline for the treatment of patients with panic disorder. 2nd edition. January 2009. http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf. (Accessed December 3, 2018).

Katzman MA, Bleau P, Blier P, et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC Psychiatry* 2014;14(Suppl 1):S1. Epub 2014 Jul 2.

Benzo Taper Strategy #2

- **In general, second half of taper should take longer than first half of taper**

American Psychiatric Association. Practice guideline for the treatment of patients with panic disorder. 2nd edition. January 2009. http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf. (Accessed December 3, 2018).

Katzman MA, Bleau P, Blier P, et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC Psychiatry* 2014;14(Suppl 1):S1. Epub 2014 Jul 2.

Tapering Benzodiazepines

Option #1

- **In general, lower the dose by about 25% every week for two weeks…then taper by 10% weekly until stopped**

National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain. Part B. Recommendations for practice. http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_b_v5_6.pdf. (Accessed December 3, 2018).

Tapering Benzodiazepines

Option #2:

- **Taper to diazepam 10 mg or equivalent, maintain dose for one to two months, then taper over four to eight weeks**

National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain. Part B. Recommendations for practice. http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_b_v5_6.pdf. (Accessed December 3, 2018).

Tapering Benzodiazepines

Option #3:

- **Taper by 10% every one to two weeks until 20% of the original dose is reached. Then taper by 5% every two to four weeks**

National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain. Part B. Recommendations for practice. http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_b_v5_6.pdf. (Accessed December 3, 2018).

Tapering Benzodiazepines

Option #4:

- **Taper by no more than diazepam 5 mg or equivalent every week. When diazepam 20 mg or equivalent is reached, slow the rate of taper to 1 to 2 mg diazepam or equivalent per week**

National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain. Part B. Recommendations for practice. http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_b_v5_6.pdf. (Accessed December 3, 2018).

Benzo Strategy

- **In panic disorder, discontinue over two to seven months, at a rate not more than 10% per week**
- **Ensure that panic disorder is in good control**

Katzman MA, Bleau P, Blier P, et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC Psychiatry* 2014;14(Suppl 1):S1. Epub 2014 Jul 2.

The "Z Drugs"

Benzodiazepine Receptor Agonists

Generic	Brand
Eszopiclone	Lunesta
Zolpidem, Intermezzo, Zolpimist	Ambien
Zaleplon	Sonata

Tapering Z drugs

- Very similar issues as with stopping benzos
- Problematic: High doses and chronic use

Tapering Strategy #1

- Stop Z drug
- Use a different sleep medication (melatonin, trazodone, mirtazapine)

Lichstein KL, Nau SD, Wilson NM, et al. Psychological treatment of hypnotic-dependent insomnia in a primarily older adult sample. *Behav Res Ther* 2013;51:787-96.

Group Health Cooperative. Benzodiazepine and Z drug safety guideline. August 2014. http://www.ghc.org/all-sites/guidelines/benzo-zdrug.pdf. (Accessed December 3, 2018).

Tapering Strategy #2

- Taper to lowest effective dose
- Then gradually eliminate doses (M, W, F)
- Can take up to 2 months for patients who take Z drugs nightly

Group Health Cooperative. Benzodiazepine and Z drug safety guideline. August 2014. http://www.ghc.org/all-sites/guidelines/benzo-zdrug.pdf. (Accessed December 3, 2018).

Tapering Strategy #3

- Switch to lorazepam and taper by 10% to 25% per week, or
- Switch to lorazepam and taper 10% every two to four weeks

Group Health Cooperative. Benzodiazepine and Z drug safety guideline. August 2014. http://www.ghc.org/all-sites/guidelines/benzo-zdrug.pdf. (Accessed December 3, 2018).

The Beta Blockers

Generic	Brand
Atenolol	Tenormin
Labetalol	Trandate
Metoprolol	Lopressor, Toprol
Nebivolol	Bystolic
Propanolol	Inderal

Beta Blocker Withdrawal

In patients WITH coronary artery disease (CAD):

- **Sudden withdrawal has been associated with angina, myocardial infarction, and arrhythmias**

e-CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2015. Beta-adrenergic blocking agents [February 2014]. http://www.e-therapeutics.ca. (Accessed December 14, 2018).
Prescribing information for *Zebeta.* Duramed Pharmaceuticals, Inc. Pomona, NY 10970. November 2010.

Beta Blocker Withdrawal

In patients WITHOUT coronary artery disease (CAD):

- **Anxiety, tachycardia (mild, short lived), tachyarrhythmias**
- **Angina and myocardial infarction (have been reported)**
- **Hypertensive urgency has been reported**

e-CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2015. Beta-adrenergic blocking agents [February 2014]. http://www.e-therapeutics.ca. (Accessed December 14, 2018).
Prescribing information for *Zebeta.* Duramed Pharmaceuticals, Inc. Pomona, NY 10970. November 2010.

Beta Blocker Tapering

Overt CAD

- **Taper over 1-2 weeks**
- **For post-MI patients, consider tapering over as long as three weeks, and having sublingual nitroglycerin available**
- **If withdrawal symptoms occur, reinstate therapy, at least temporarily**

e-CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2015. Beta-adrenergic blocking agents [February 2014]. http://www.e-therapeutics.ca. (Accessed December 14, 2018).
Prescribing information for *Zebeta.* Duramed Pharmaceuticals, Inc. Pomona, NY 10970. November 2010.

Beta Blocker Tapering

No Known CAD

- **Taper beta-blockers over about 1 week**

e-CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2015. Beta-adrenergic blocking agents [February 2014]. http://www.e-therapeutics.ca. (Accessed December 14, 2018).
Prescribing information for *Zebeta*. Duramed Pharmaceuticals, Inc. Pomona, NY 10970. November 2010.

Corticosteroids

Steroid	Duration of Action
Cortisone	Short
Hydrocortisone	Short
Methylprednisolone, prednisolone, prednisone	Intermediate
Dexamethasone	Long

Steroid Tapering

- **HPA axis suppression possible with steroid use**
- **How much? How long? Unknown**
- **Likely suppression with Prednisone doses >7.5 mg daily for >3 weeks**

Gong WC. Connective tissue disorders: the clinical use of corticosteroids. In: Koda-Kimble MA, Young LY, Alldredge BK, editors. Applied therapeutics: the clinical use of drugs. 9th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2009.

Consider Steroid Tapering

- Treating poison ivy/oak/sumac
- Disease flare is of concern (e.g., autoimmune disease, rheumatoid arthritis)
- Patient frail or very ill (e.g., severe hematologic, inflammatory, or immune disease)
- Treating disease flare in patient taking systemic steroids prior to flare
- Patient has cushingoid symptoms (e.g., moon face, buffalo hump)

Clinical Resource, *Corticosteroids: Selection, Tapering, and More. Pharmacist's Letter/Prescriber's Letter.* March 2018.

Steroid Tapering

- Consider tapering by 10% weekly or 2.5 to 5 mg prednisone weekly (adults) to a dose of 5 to 7.5 mg
- Then, switch to hydrocortisone 20 mg once daily in the morning, then reducing hydrocortisone in 2.5 mg steps over weeks to months

Clinical Resource, *Corticosteroids: Selection, Tapering, and More. Pharmacist's Letter/Prescriber's Letter.* March 2018.

Steroid Tapering NOT usually needed

- Course lasts less than 2 to 3 weeks (and no reason for taper)
- Treating asthma or COPD flare for 1 to 2 weeks (patient not on systemic steroids prior to flare)
- Patient being treated for allergic reaction which has resolved

Clinical Resource, *Corticosteroids: Selection, Tapering, and More. Pharmacist's Letter/Prescriber's Letter.* March 2018.

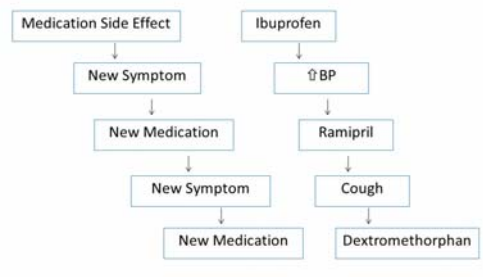
Prescribing Cascades

Prescribing Cascades

An adverse drug reaction that is misdiagnosed as another medical condition; and another medication is prescribed to treat it

https://www.nps.org.au/australian-prescriber/articles/the-prescribing-cascade#what-is-a-prescribing-cascade.

Prescribing Cascades



Prescribing Cascades

Drug	Adverse Drug Event	Second Drug
Cholinesterase inhibitor	Incontinence	Oxybutynin
NSAID	Hypertension	Anti-hypertensive
ACE inhibitor	Cough	Antibiotic

https://www.nps.org.au/australian-prescriber/articles/the-prescribing-cascade#what-is-a-prescribing-cascade.

Prescribing Cascades

Drug	ADE	Second Drug
Antiepileptic	Rash	Steroid cream
Paroxetine	Tremor	Levodopa/ Carbidopa
Antipsychotics	Extrapyram-idal effects	Levodopa

https://www.nps.org.au/australian-prescriber/articles/the-prescribing-cascade#what-is-a-prescribing-cascade.

Prescribing Cascades

Drug	ADE	Second Drug
Thiazide diurectic	Gout	Allopurinol
Metoclopramide	Movement disorder	Levodopa

https://www.nps.org.au/australian-prescriber/articles/the-prescribing-cascade#what-is-a-prescribing-cascade.

Avoiding a Prescribing Cascade

Any new symptom in an older adult should be considered drug-related until proven otherwise!

Avoiding a Prescribing Cascade

- Monitor patient closely when new drug started
- Avoid problematic meds in older adults (BEERS list)
- Start low and go slow

Prescribing Cascades

- 90% of people report ADE within 4 months
- 75% report within 1 month

https://www.nps.org.au/australian-prescriber/articles/the-prescribing-cascade#what-is-a-prescribing-cascade.

Preventing Prescribing Cascades

- Start at lowest dose!
- Tailor to symptoms

https://www.nps.org.au/australian-prescriber/articles/the-prescribing-cascade#what-is-a-prescribing-cascade.

Some drugs are just BEGGING to be deprescribed!

Docusate (Colace)

- No evidence that softens stool or prevents constipation
- Stool softener: psyllium worked better on stool frequency, stool water content, total stool output, stool weight

McRorie JW, Daggy BP, Morel JG, Diersing PS, Miner PB, Robinson M. Psyllium is superior to docusate sodium for treatment of chronic constipation. Aliment Pharmacol Ther. 1998;12:491-917.

Proton Pump Inhibitors

Indications for PPIs

- GERD, erosive esophagitis: 4-8 weeks
- Healing erosive esophagitis (Controlled studies do not extend beyond 6 months)
- Risk Reduction of NSAID-Associated Gastric Ulcer
- *H. pylori* Eradication to Reduce the Risk of Duodenal Ulcer Recurrence

Do NOT Deprescribe PPIs

- Barrett's esophagus
- Chronic NSAID users with bleeding risk
- Severe esophagitis
- Documented history of bleeding ulcer

Deprescribing PPIs. Can Fam Physician. 2017;63:354¬-364.

PPI Tapering

- Taper over four to six weeks
- Reduce dose every week or two
- Once lowest dose is reached, take it every other day for a week or more
- Can further increase the interval to every third day, etc.
- Consider stepping down to an H2 blocker

Deprescribing PPIs. Can Fam Physician. 2017;63:354¬-364.

Wrap Up!

Deprescribing

1. Perform the Brown Bag Test
2. Does every med have an indication?
3. Have a deprescribing plan!

Bemben NM. Deprescribing: an application to medication management in older adults. *Pharmacotherapy* 2016;36:774-80.

Wrap Up

1. Assess anticholinergic load in older adults
2. Assess need to taper
3. Watch out for Drug Cascades
4. Most PPIs need deprescribing

Thank you!

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