

# Which Drugs Should Be Deprescribed in the Elderly?

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## What Are Priorities for Deprescribing for Elderly Patients? Capturing the Voice of Practitioners: A Modified Delphi Process

Farrell B, Tsang C, Raman-Wilms L, Irving H, Conklin J, Pottie K  
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### Which Drugs Should Be Discontinued?

This study from Canada examined polypharmacy and inappropriate medication use in the elderly. The investigators' vision was to develop deprescribing guidelines for the elderly. Deprescribing was defined as tapering, reducing, or stopping medications not deemed necessary or safe, when feasible. Using a modified Delphi process, they sought to develop a list of medications used in the elderly for which deprescribing should be prioritized.

The process involved three rounds of surveys of up to 64 Canadian clinical experts in medicine, pharmacy, and nursing who had expertise in geriatric pharmacotherapy. Approximately 15% of survey respondents were nurse practitioners. Pharmacists provided the bulk of the responses (60%). The remaining respondents were geriatricians, averaging about 10%, and family physicians (15%).

The survey process developed five main criteria for determining priorities for deprescribing guidelines:

- Risks associated with continuing the drug;
- Questions about ongoing indication for or benefit of the drug;
- Prevalence of overuse of the drug;
- Challenge in stopping the drug; and
- The availability of other treatment options.

A final list of medication classes to be prioritized for deprescribing in the elderly was produced. Topping the list were benzodiazepines, followed by atypical antipsychotics, statins, tricyclic antidepressants, and proton pump inhibitors. The full list consisted of 14 different medications.

The study authors maintain that the current culture of healthcare facilitates diagnosing and prescribing but pays relatively little attention to deprescribing or reducing chronic medications. They recommend the development of evidence-based deprescribing guidelines for these medication classes.

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### Viewpoint

Today there are many efforts to help the elderly pay for their medications and to be sure that they are taking their medications as prescribed. Legislators are lobbied to continue or increase medication assistance for the elderly so that the elderly do not have to choose between medications and groceries. Clinicians, hospitals, and accountable care organizations, to name a few, are trying to work with elderly persons to ensure that they are taking all of their medications as prescribed.

The cost and complexity of medications in the elderly is a challenge. This study points us to another tool in the solution to medication complexity in the elderly: deprescribing or stopping some of those medications that no longer have utility.

