Deprescribing Guide:
Starting the Conversation

INTRODUCTION TO DEPRESCRIBING

Discontinuing or modifying a medication regimen can be a delicate topic to approach with patients and their families or caregivers. Often, patients have been on medications for a prolonged period of time or have been counseled on the benefits of the medication(s) by their primary care provider or local pharmacist. As some patients are still adjusting to the implications their hospice admitting diagnosis, conversations about stopping medications can be misinterpreted as the hospice agency trying to save money or giving up on them. It is important to remember this common sentiment, even when the patient stands to benefit from the recommended modifications to the medication regimen.

Making the effort to explain the rationale behind the proposed changes and allowing the patient/family/caregivers the time and space to process and ask questions or express concerns about the proposed modifications may significantly decrease skepticism on behalf of the patient and their loved ones.

The following discussion points may help provide insight into where the patient is in their understanding of the prognosis and how to best support them moving forward.

Deprescribing discussion points	
Pill burden	• Describes implications of taking medications on patients' quality of life • Polypharmacy (taking more than 3-5 meds/day) can contribute
Complicated regimens	• Multiple prescribers increase risk full medication review not completed prior to medication regimen modifications • Timing of doses can be challenging and/or confusing when multiple medications are taken more than once/day
Medication adverse effects	• More medications = higher risk of side effects • Medications side effects can decrease quality of life • Additional meds may be necessary to manage side effects

PHARMACIST CORNER

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REDUCING POLYPHARMACY AND PILL BURDEN

Deprescribing discussion points	
Assess Adherence	• Collect and review current comprehensive medication list • Review patient compliance with each prescribed medication

Address Adherence	• For each medication patient not taking as prescribed, ask the following:
	  ○ Are you concerned about side effects?
	  ○ Not experiencing benefit from use?
	  ○ Tired of taking so many medications?
	• If the answer to any of these questions is yes, consider stopping

Reassess Need	• Review ongoing need for each medication prescribed • If prescribed for prevent and not palliation, consider stopping
IDT Optimization	• Review symptom management with IDT • Consider deprescribing if nonpharmacologic options available
Schedule Optimization	• Consider simplifying frequency whenever possible • Initiate long(er)-acting options, when possible, to reduce prn/breakthrough doses

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