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More Than Meds

Pharmacists & Communities
Partnering for Better Mental Health

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Web Feature

Choosing Wisely

Health care costs have risen faster than the rate of inflation for decades leading to massive efforts to reign in these costs, with high level indications of recent success. Of growing concern are the costs associated with the uninformed use of expensive medications, with harms caused by medical errors and inappropriate use of medications, and with unneeded medical tests and investigations. Overuse and inappropriate use of health care resources is at the heart of the Choosing Wisely campaign.

Choosing Wisely is a joint effort by Consumer Reports and the American Board of Internal Medicine (ABIM) that aims to help educate everyone, the public and health providers alike, and stimulate discussions between patients and their clinicians about what are appropriate and inappropriate treatments and medical tests. The information is designed to answer common questions seen in day-to-day practice such as “Does my child require antibiotics”, “What pain medication is OK with my high blood pressure”, and “How can I stop my heartburn”.

Specialists from different areas of practice have contributed lists of five recommendations specific to their area of medicine that have historically caused confusion and waste in the health care system. These simple recommendations aim to limit the use of unnecessary diagnostic tests, medications, or procedures and are backed by the best available evidence. The list provided by the American Psychiatric Association includes 5 issues all of which are focused on inappropriate uses of antipsychotics. The American Geriatric Society’s list includes concerns about benzodiazepines, antipsychotics, antimicrobials, and antidiabetics.

To learn more, spend a few minutes exploring Choosing Wisely.

Contributor: Linden MacDonald

In the Know

Deprescribing and Beers for Better Health in the Elderly

During their formal education and training pharmacists, physicians, and nurses learn extensively about the pharmacology and therapeutics of medications. However, some aspects of this huge area of medicine are given more emphasis than others, and this differential carries forward into practice. The emphasis tends to be on identifying the best medication for a given health problem and how to get the medication started. Monitoring of treatment outcomes are also emphasized, with the idea that any problems (e.g., inadequate response, side effects, and non-adherence) should be identified early and rectified. What is given less attention is the problem of so-called polypharmacy, or more appropriately polytherapy, and the art (and burgeoning science) of safely and effectively stopping treatment.

Polytherapy is the use of multiple medications, often several for the same condition, by the same person. The term is generally used to imply overuse of medication, which on the surface can be difficult to judge. One person taking 6 medications may not be benefiting from several of them and is at unnecessary risk of side effects, whereas another person taking 6 medications may require each medication and possibly others they are not taking. The problems associated with polytherapy are serious, especially in older people taking medications that can affect steadiness, coordination, attention, and wakefulness, including medications for sleep, pain, mental illness, and blood pressure. Consequences include falls, fractures, hospitalizations, and death.

Polytherapy is a well recognized problem in nursing homes, with residents averaging between 10 and 18 different medications a day. Research supporting medication use tends to be done in younger people. There is little high quality research that clearly demonstrates safety and effectiveness of many of the most commonly used medications in the frail elderly. Regardless, most health providers are not yet in the habit of thinking “what evidence supports this medication in people like my patient?” or “what medications can I stop?”

Interest in reducing unnecessary and potentially harmful polytherapy has grown significantly of late. The term that is increasingly being used to refer to this clinical skill is **deprescribing** - the process of reducing and stopping medications with the aim of reducing medication-related risks and improving quality of life. A pioneer in this area is Dr. Doron Garfinkel, an Israeli geriatrician, who conducted some of the earliest and best known research in the area and has worked tirelessly to bring attention to the problem of polytherapy in the elderly. His guidance on deprescribing is being adapted and adopted by others globally. Barb Farrell, a geriatrics pharmacist and researcher based in Ottawa, was recently funded to develop **deprescribing guidelines** for health professionals in Ontario. In a recent interview Dr. Farrell stated “We have a culture of adding medications, … . People are nervous about stopping [medications in the frail elderly], primarily because clinical practice guidelines don’t talk about deprescribing—they only talk about prescribing. … I think community pharmacists could play an active role in sharing their knowledge of tapering or stopping medications during MedsChecks and Pharmaceutical Opinions consultations. I’d also like to see it mandated that all clinical guidelines have a chapter on deprescribing.”

The increased attention to deprescribing complements and goes beyond the several collections of identified medications to be avoided, when possible, in the elderly. The most well known of these is the **Beers Criteria,** which aims to reduce exposure to potentially inappropriate medications. The American Geriatric Society has updated the original list and developed a cadre of clinical tools to support using the Beers Criteria in day-to-day practice. Another screening tool, known as STOPP/START, aims to reduce potentially inappropriate therapy and simultaneously provide rational guidance towards appropriate medication options.

Shifting the culture from adding rather than rationalizing and frequently subtracting medications will take effort at all levels, including at the level of the patient, family, and community. This can be facilitated by

directing people to campaigns and resources such as Choosing Wisely (see the Web Feature in this issue) and having discussions that help support informed medication and other health care decisions.

When concerned about polytherapy for a specific person, a great place to start is with an appointment involving a pharmacist and that individual or their caregiver.

Contributor: Josee Rioux

Newsworthy

Vanessa's Law

On Friday, December 6th, the Canadian government tabled new health legislation that, if passed, would give the government the ability to recall unsafe medications and other health products and levy fines as high as $5 million dollars per day of leaving an unsafe product on the shelves of Canadian retailers and institutions. The proposed legislation is referred to as Vanessa's Law. Vanessa was the teenage daughter of Terence Young, a Conservative MP and lawyer. Vanessa died in 2000 from a heart arrhythmia caused by cisapride (Prepulsid), a medication used to treat usually minor gastrointestinal problems such as hearburn. Cisapride was removed from the market in 2000, shortly after Vanessa's death but long after concerns about cisapride were identified. Mr. Young led a class-action law suit against Johnson & Johnson, the manufacturer of cisapride, has lobbied the government for years to create such a law, and has written a book on his experiences - Death by Prescription.