Deprescribing – a valuable practice?

Overprescribing in the elderly is recognised as a growing problem and on page 49, Nina Barnett and Orla Kelly examine the issues involved and the legal implications of deprescribing in general practice.

Polypharmacy can be defined as the patient taking more than five regular prescribed medicines. While such regimens may be appropriate, they increase the risk of adverse drug reactions, impaired physical and cognitive function, and hospital admission, particularly in elderly patients.

Writing in the BMJ,1 Jansen and colleagues point out: “There is limited evidence to inform polypharmacy in older people, especially those with multimorbidity, cognitive impairment, or frailty.”

Setting aside the potential negative consequences of inappropriate polypharmacy, it seems there are substantial benefits to reducing drug regimens in older patients.

Jansen et al add that: “Systematic reviews of medication withdrawal trials (deprescribing) show that reducing specific classes of medicines may decrease adverse events and improve quality of life.”

However, they stress that patient involvement and shared decision making are essential components of the deprescribing process. As Barnett and Kelly illustrate in their case study, patients may become anxious and concerned when what they see as important and beneficial medicines are abruptly withdrawn. After all, the confused patient may understandably argue that the drugs were prescribed at some point, presumably for a reason.

Psychoactive polypharmacy
One aspect not helping such confusion may be the effects of polypharmacy itself. A recent study in the USA2 found that multiple psychoactive drugs are commonly prescribed in the elderly, with the number of retired Americans taking at least three psychiatric drugs more than doubling between 2004 and 2013, even though almost half of them had no mental health diagnosis on record.

Writing in JAMA Internal Medicine, Maust and colleagues suggest this may in part be due to primary care clinicians coming under pressure to treat conditions previously in the domain of psychiatry. Observing a situation that will be familiar to their UK counterparts, they say: “Because of limited access to specialty care and a preference to receive treatment in primary care settings, it is unsurprising that mental health treatment has expanded in nonpsychiatric settings.”

Time constraints
Whatever the reasons behind inappropriate polypharmacy in the older population, there is a consensus that regular medication reviews in this demographic are essential. But these are time consuming, and careful, monitored deprescribing is not an easy or straightforward process. At a time when GPs are under impossible pressure, a click of the mouse to repeat a prescription may be the most tempting option.

References

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