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A guide to deprescribing in polypharmacy

Where possible, use non-pharmacological treatment options.[1] When prescribing medicines:

- explain options and consider your patient's preferences and goals
- review the ongoing need for the medicine before re-prescribing
- use the lowest effective dose
- consider your patient's functional and cognitive abilities, and their capacity to manage their medicines.[1]

A Home Medicines Review (HMR) is an effective way to review your patient's medicines. To find out about the HMR process and to determine if your patient might benefit from having an HMR, go to: **www.veteransmates.net.au/HMR_Process**

A guide to changing or deprescribing medicines[2, 3]

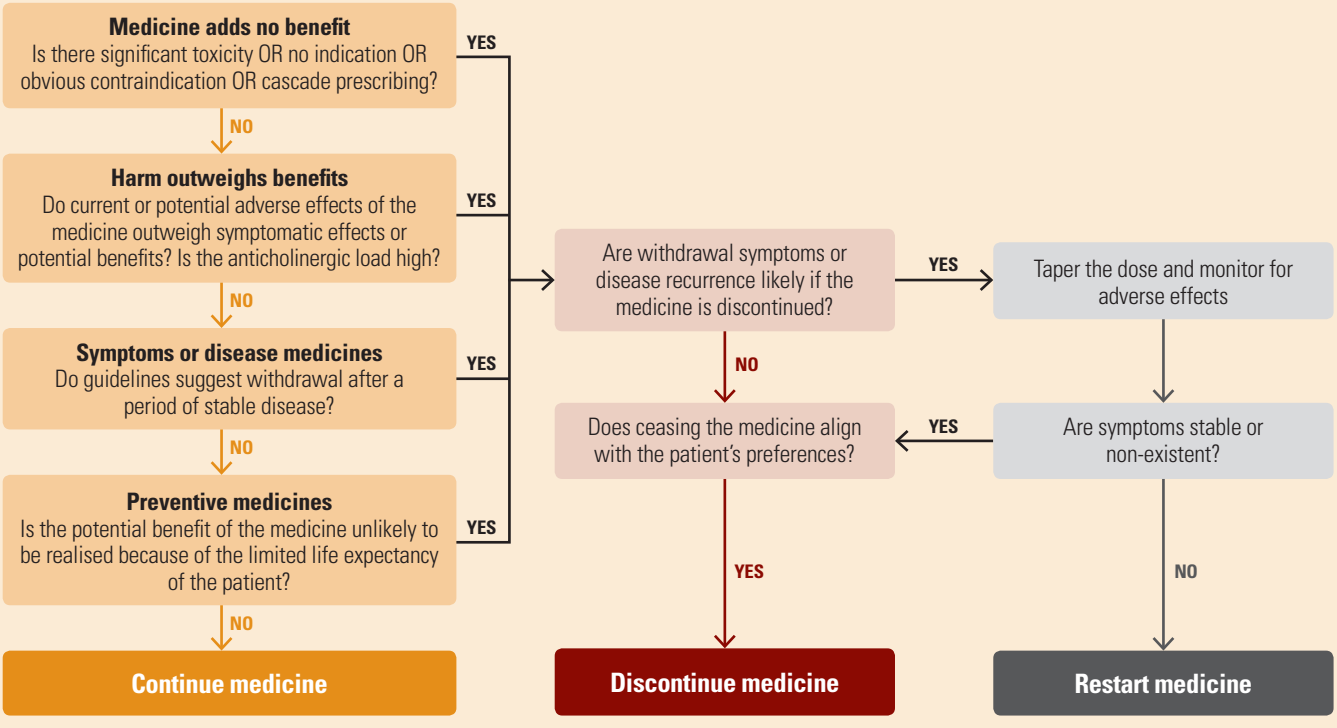
Step 1. Review all medicines

Review and reconcile medicines with other medicine lists, including those from an HMR, patient medicine list or discharge summary, with your current medicine list in your record. Discuss any differences found with your patient and their carer and update your current medicine list as appropriate.

Step 2. Assess medicine-related benefits and risk of harm, and discuss options with your patient

Consider the number of medicines used, high-risk medicines, past or current toxicity and the patient's individual circumstances and preferences. Ask your patient if they are aware of and understand their options, and explain probable outcomes of continuing or discontinuing medicines. Consider your patient's age, cognitive ability, dexterity problems, comorbidities, other prescribers, and past or current adherence.

Step 3. Assess and consider the ongoing need for each medicine with your patient



Step 4. Prioritise medicines to be changed

Discuss, prioritise and plan any changes with your patient; ask them what they want. Decide and agree on specific medicines to change, generally one at a time, slowly over weeks or months, in a stepwise approach.

Step 5. Implement the plan and monitor the patient

In collaboration with your patient and their carer, initiate the changes, and monitor and support them as necessary. Develop a Medication Management Plan with your patient and communicate the plan to the accredited pharmacist, community pharmacy and your patient.

Adapted from Scott I et al. 'Reducing inappropriate polypharmacy: the process of deprescribing'. JAMA Internal Medicine. 2015.

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For specific information about:

- which medicines have anticholinergic effects and strategies to reduce the anticholinergic load, go to the MATES topic: *Thinking clearly about the anticholinergic burden* at: **www.veteransmates.net.au/topic-39-therapeutic-brief**
- how to taper and cease an antidepressant, go to the MATES topic: *Achieving best outcomes for depression* at: **www.veteransmates.net.au/topic-49-therapeutic-brief**
- how to taper and cease an opioid, go to the MATES topic: *Chronic pain rehabilitation: It's about improving function and day-to-day life* at: **www.veteransmates.net.au/topic-48-therapeutic-brief**
- how to taper and cease an antipsychotic, go to the MATES topic: *Antipsychotic use in BPSD: limited benefits, high risks* at: **www.veteransmates.net.au/topic-44-therapeutic-brief**
- how to manage benzodiazepine dependence, and how to taper and cease, go to: **www.nps.org.au/medical-info/clinical-topics/news/managing-benzodiazepine-dependence-in-primary-care**

References

1. Australian Medicines Handbook Aged Care Companion. Adelaide. Australian Medicines Handbook Pty Ltd. 2018.
2. Scott I et al. Reducing inappropriate polypharmacy. The process of deprescribing. JAMA Intern Med. 2015; 175(5): 827-834.
3. Le Couteur D, Banks E, Gnijidic D, McLachlan A. Deprescribing. Australian Prescriber. 2011; 34(6): 182-185.

University of South Australia

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