

Geriatric Deprescribing

Conversation Aid to Accompany Deprescribing

It is estimated that 1 in 5 prescriptions for community-dwelling older adults is inappropriate and should be evaluated for deprescribing.¹ However, providers often encounter resistance from patients when discussing deprescribing. This document serves as a guide on how to approach the conversation of deprescribing to overcome barriers and yield successful outcomes.

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ENGAGING PATIENTS IN DEPRESCRIBING

Evidence shows that older adults often have internal contradictory beliefs regarding medications, having a positive attitude towards both taking their medications as is and reducing their number of medications.²

The **BUILD framework** is a step-by-step process that can be used to facilitate compassionate and effective conversations regarding medication deprescribing.³ The key components of this method are building trust with the patient, involving the patient in the discussion, engaging the patient in shared decision making, providing the patient with evidence-based materials,⁴ and developing a plan with the patient and interdisciplinary team.

B

Build a Foundation of Trust and Respect

- Thank you for taking the time to talk with me today.
- I want to make sure you're on the right medications for your conditions and your goals.
- Let's work together to evaluate if any of your medications can be stopped.

U

Understand What the Patient Knows About the Medication and Disease Process

- How is this medication helpful to you?
- What have you been told about how this medication works?
- Can you help me understand what is scary about stopping or changing this medication?

I

Inform the Patient of Evidence-Based Information About the Medication

- Here is what we know about the medicine.
- As your disease progresses it may be useful to make some adjustments to your medications. What worked before may not work now.
- There are other ways to treat your symptoms that may be more effective/safer for you.

L

Listen to the Patient's Goals and Expectations

- Do you feel like you are on too many, too few, or the correct number of medications?
- What is most important to you now? What are you hoping for?
- It sounds like it is hard for you to make a decision about this medication. Can I share what my experiences and observations have been?
- What does quality of life look like to you?

D

Develop a Plan of Care in Collaboration with the Patient, Family, & Interdisciplinary Team

- Here are three choices: we can continue what we are doing, we can decrease the dose of the medication, or we can stop the medicine completely. Regardless of the decision, we will monitor how you do and make any adjustments that need to be made.
- You are not alone. We will walk this path with you. I'd like to come back on Tuesday and we can talk more about this.

Patient resistance often stems from a lack of understanding and providers can help reconcile these contradictory attitudes by having in-depth conversations about the need for each of their medications and engaging in deprescribing discussions often. While not all deprescribing conversations may be successful initially, it is essential to **continue the conversation at follow up visits** and regularly educate patients regarding medications that may no longer provide benefit over risk. If available, **consider including a pharmacist in the deprescribing discussion** as they are well equipped with the evidence and motivational interviewing skills to support these discussions.

1. Opondo D, Eslami S, Visscher S, et al. Inappropriateness of medication prescriptions to elderly patients in the primary care setting: a systematic review. *PLoS ONE* 2012;7:e43617.
2. Jansen, J., Naganathan, V., Carter, S. M., McLachlan, A. J., Nickel, B., Irwig, L., Bonner, C., Doust, J., Colvin, J., Heaney, A., Turner, R., & McCaffery, K. (2016). Too much medicine in older people? Deprescribing through shared decision making. *BMJ*, i2893. <https://doi.org/10.1136/bmj.i2893>
3. Collier, K. S., Kimbrel, J. M., & Protus, B. M. C. (2013). Medication appropriateness at end of life. *Home Healthcare Nurse*, 31(9), 518–524. <https://doi.org/10.1097/nhh.0b013e3182a5bf7c>
4. Tannenbaum, C., Martin, P., Tamblyn, R., Benedetti, A., & Ahmed, S. (2014). Reduction of inappropriate benzodiazepine prescriptions among older adults through direct patient education. *JAMA Internal Medicine*, 174(6), 890. <https://doi.org/10.1001/jamainternmed.2014.949>