Yaffle Connects

Too Many Pills: Deprescribing for Health

Presentation by Dr. Cathy Balsom
Report Summary by Mary Shorlin
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THE HARRIS CENTRE
Memorial University

Too Many Pills:

Deprescribing for Health

Medications are meant to improve our health, but over time some medications may cause more harm than good. Learn how pharmacists at the School of Pharmacy's Medical Therapy Services Centre are reducing pill consumption and improving clients' health and well-being.

SESSION SYNOPSIS:

Dr. Cathy Balsom, a clinical pharmacist at Memorial University, presents her experience with deprescribing medications; that is, taking away an unnecessary medication, reducing its dose, or switching to another, less harmful drug. She operates at the Medication Therapy Services clinic, where she and other pharmacists talk to patients and see if their prescriptions are optimized for them. This is in line with the Canadian Deprescribing Network, a program aiming to reduce potentially risky prescriptions and raise awareness of alternative therapies. Seniors are often taking more drugs than necessary, due to a cascade of side effects, which may be prevented by changing even a few medications. Dr. Balsom headed a study at St. Patrick's Mercy Home where she found that residents could be deprescribed an average of 2.5 drugs per person, and assessed that, overall, more education and communication are needed to deal with the issue of overprescribing.

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KEY TAKEAWAYS:

- The Medication Therapy Services clinic, by referral, goes through patients' medications, talks to their primary care provider, and determines which medications are best for them, all at no cost to the patient; the majority of visits involve targeting and deprescribing inappropriate medications, which can include stopping them altogether, decreasing the dose, or switching to other, safer medications.

- The national Canadian Deprescribing Network aims to inform patients, healthcare providers, caregivers, and policy makers on how best to plan the process of deprescribing medications, based on scientific evidence.

- Deprescription can be the best option as the benefits and risks of medication change with age, and taking more medications increases the risk of harm; the large majority of seniors say they would stop taking a medication if their doctor said it was possible.

- Canadian seniors are taking a lot of medication, and in NL the prescription rates for particularly high-risk drugs are among the highest in Canada; medications can lead to a prescription cascade, where more drugs are prescribed to deal with side effects that were not part of the original diagnosis but due to an earlier prescription.

- A study at St. Patrick's Mercy Home looked to analyze the residents' medications and start deprescribing; at the 3-month mark, there was an average of 2.5 medications taken away per resident, and no impact on cognitive function or survival.

- The majority of medications taken away were supplements, which weren't useful for the residents' situations; the next largest group was blood pressure medications, which weren't necessary since the residents already had low blood pressure.

- During interviews with the people involved in the deprescription process, several themes emerged: education makes deprescribing easier, lack of information presents a challenge, medications are being overused, and the effort should be coordinated.

- In interviews with patients, most had a passive approach to their healthcare, and didn't think they had a role to play in determining their treatment; family members said they wanted to know about their loved ones' healthcare and that they wanted to understand any impacts medications may have.

- The Canadian Deprescribing Network aims to reduce risky prescriptions to seniors by 50% by 2020, as well as promote access to safer drug and non-drug therapies.

- Safer Meds NL offers resources for people looking for alternatives to medications.

- Some more resources are deprescribing.org, deprescribingnetwork.com, and MedStopper, as well as Medication Therapy Services at www.mtsclinic.ca

QUESTION AND ANSWER PERIOD:

Q: DO YOU HAVE ANY COMMENTS ON THE LARGE NUMBER OF SUPPLEMENTS DEPRESCRIBED?

We encourage anyone who comes to the clinic to bring everything they take, including supplements, since some of them can have negative side effects when taken with other medications; it's important to always talk to a doctor or pharmacist, though.

Q: WHAT'S YOUR CLINIC'S RELATIONSHIP WITH THE PHARMACEUTICAL INDUSTRY?

The clinic is funded by Memorial University and run by people who are mostly faculty members; there are no funds or grants from pharmaceutical companies.

Q: DO YOU SEE ANY CHILDREN THAT COME IN?

Yes, the youngest I've seen was 13, they come in with their parent or guardian, often with mental health issues; in these cases we usually recommend different medications.

Q: IS THERE A WAY TO BETTER EDUCATE DOCTORS AND PHARMACISTS SO THEY DON'T PRESCRIBE AS MANY MEDICATIONS?

We are working on that, although there are a lot of factors involved. Doctors have said that they wanted to go through these issues but have never had the time; these

problems are ingrained in the system. Community pharmacists also only get money by filling prescriptions, so if they could be reimbursed for other services, there would be less pressure to overprescribe.

Q: IS THERE ANY SORT OF ORGANIZED REFERRAL SYSTEM FOR LIFESTYLE CHANGE FIXES?

We always look at lifestyle; we refer patients to dieticians if that would be helpful.

Q: IS THE CLINIC AVAILABLE OUTSIDE THE ST. JOHN'S AREA?

We offer the service on FaceTime, or Skype, if patients are okay with the less secure connection; we prefer face-to-face communication rather than talking over the phone.

Q: DO YOU TAKE COST INTO ACCOUNT WHEN SWITCHING MEDICATIONS?

We always ask about the patient's coverage first, and we do consider cost if recommending another prescription, since it can be a big barrier.

Q: COULD YOU COMMENT ON WHAT ROLE ANTIBIOTICS HAVE IN DEPRESCRIBING?

We do look at them, but the majority of patients we see aren't on long-term antibiotics; some patients with lung conditions have standing prescriptions for antibiotics, and we have a conversation about that; however, we recommend deprescribing for people with low risk of infection.

Q: SOME SURVEYS SHOW THAT FOR CERTAIN MOOD DISORDERS, THE GIVEN DOSAGE ISN'T APPROPRIATE OR EFFECTIVE. WHAT ARE YOUR THOUGHTS THERE?

Sometimes the doses are too low, sometimes they're too high, but we talk about the patient's symptoms and any changes they've experiences. Psychiatrists regularly refer to us if their patients are on a lot of medication, as antipsychotics often cause metabolic disturbances.

Q: WITH CHANGES IN MEDICATION RECORDKEEPING AND MANAGEMENT, ARE YOU SEEING MORE YOUNG PATIENTS AND/OR MORE INFORMED PATIENTS COMING IN?

Some patients accept whatever their doctor tells them to take, without asking any questions, and some others say that they take their medications, even though they aren't, because of something they read online. Certain patients are very well informed and aware, and want to be involved in the process; they can be of any age, not just young people. With electronic recordkeeping, information transfer has gotten much more efficient; doctors and pharmacists used to have to call and fax several times to get all the information they needed, whereas now all the patient's data is in the same system. Some patient information is still missing, but with time, this will improve.

Q: THE CLINIC SEEMS VERY SMALL. IF MONEY WASN'T AN ISSUE, WHAT WOULD YOUR CLINIC LOOK LIKE?

Ideally, community pharmacists would have the time to sit down and go through their patients' medications; anyone with the knowledge can do this, but the real limitation is with time. We need to change the pharmacy process and give doctors and pharmacists the time to work with their patients on their medications.