

New network aims to wean seniors off inappropriate prescription drugs



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The newly created Canadian Deprescribing Network is a national group that is working to reduce unnecessary or harmful prescription drug use, particularly by seniors. *GRAEME ROY / THE CANADIAN PRESS*

If Barb Farrell has her way, seniors in Canada will cut their use of inappropriate prescription drugs in half over the next four years.

The scientist with the Bruyère Research Institute in Ottawa is an executive member of the [Canadian Deprescribing Network \(http://deprescribing.org/\)](http://deprescribing.org/), a new national group of health professionals, researchers and patients formed to help the elderly reduce the number of prescription drugs they're taking.

"We've got a four-year plan with a goal of reducing unnecessary or inappropriate medication use in older patients by 50 per cent by 2020," she said in an interview. "It's a lofty goal, but we thought we might as well shoot high."

The rates of medication use by seniors are "shockingly high," Farrell says. In 2012, nearly two-thirds of seniors submitted claims for five or more drug classes and 27 per cent had 10 or more, according to the Canadian Institute for Health Information (CIHI).

Among those 85 and older, nearly 40 per cent were taking 10 or more drugs. About the same percentage of long-term care residents used antipsychotic drugs at least once in 2014, CIHI reported this week. "In the geriatric day hospital here," Farrell says, "I can see people taking 20 or 25 medications."

Seniors usually start taking prescription drugs for good reasons, she says. "But over time, especially when people get very elderly, we don't know much about the effectiveness of medications."



Patients 85 and older

Barb Farrell is a scientist at the Bruyere Research Institute in Ottawa who is part of the newly created Canadian

typically aren't

included in drug

trials. "So we don't

know if we're having the same benefit in treating that group as we are in treating other patients," Farrell says. "But we do know we have an increased risk of side effects in the elderly."

The simultaneous use of multiple medications, known as polypharmacy, is a growing concern around the world, driven by aging populations and the availability of more and more prescription drugs.

"We didn't have this problem 60 years ago with elderly people, because there weren't that many medications," Farrell says. Today, though, "so many more medications are available. People are getting started on them when they're in their 50s and 60s, but they never get stopped."

Not only does over-prescription put seniors at risk from side effects and potentially diminish their quality of life, it also drives up costs for governments, which foot much of the drug bill for seniors.

It's starting to pinch. Ontario has just announced plans to increase the annual drug deductible for most seniors to \$170 from the current \$100 and add an extra dollar per prescription to co-payments.

"It's not just the cost of medication," says Farrell. "It's also the cost of preventable drug-related hospital admissions."

The roots of the Canadian Deprescribing Network go back more than a year, when about 30 people from across Canada met to discuss how to reduce rates of inappropriate or potentially harmful prescribing among the elderly.

The network, supported by funding from the Canadian Institutes of Health Research, really took off a month ago, when more than 100 people gathered in Toronto.

It has since formed five subcommittees tasked with studying everything from public engagement to giving family doctors the tools to wean their patients off drugs they don't need to take.

About two weeks ago the network wrote to Health Minister Jane Philpott,

asking the federal government to develop a national strategy on prescribing appropriateness. “What we are trying to do is develop a plan for improving prescribing for the elderly in Canada,” Farrell says.

The network will use the CIHR grant to do controlled trials of three classes of medications: proton pump inhibitors, used to treat heartburn and ulcers; benzodiazepines, a sedative for insomnia; and glyburide, a diabetes medicine that controls blood-sugar levels.

The aim is to develop deprescribing guidelines for the drugs and educate primary care physicians on how to have effective conversations with patients about discontinuing or tapering off medications.

Those conversations can be challenging, Farrell said. “If the medication got started in the hospital or by a specialist, the family doctor may be reluctant to stop it.”

Using funding from the Ontario government, Farrell’s research group at the Bruyère has developed deprescribing guidelines for benzodiazepines, proton pump inhibitors and antipsychotics and is piloting them at sites in Ottawa.

The deprescribing guidelines are the first ever developed. “There are many, many prescribing guidelines that tell you when to start a drug,” Farrell says, “but none of them address when it might be appropriate to stop the drug.”

Is the network’s 50-per-cent reduction goal achievable? Farrell isn’t sure. “Really, what we’re doing is we’re looking at trying to change behaviour around prescribing, both of prescribers and patients. There’s a lot of things that need to change.”

For doctors, one challenge will be to find time to do medication reviews with their patients, Farrell says.

“Everybody is stretched to the limit right now. To add one more thing and say, ‘Now you have to see all your patients and see what drugs can be stopped’ ... We need to figure out how that is feasible.”

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