

# Key findings from the overview on pharmacist-led interventions to aid deprescribing and optimizing prescribing in the community-based elderly population

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**OBJECTIVES:** To determine the feasibility, approach, and potential impact of a pharmacist-led “Problem-based MedsCheck” as a consultation to primary care providers interested in strategic deprescribing to alleviate clinical problems encountered by their elderly patients.

**METHODS:** MEDLINE, EMBASE, and CINAHL were searched from 1990 to 2014 for systematic reviews published in English and including community pharmacist interventions targeting the elderly. Identification and review of qualified publications was performed by two independent researchers. Data was extracted using a structured form and summarized both quantitatively and qualitatively.

**RESULTS:** 14 full text systematic reviews were identified. The reviews reported mixed effects on the impact of pharmacist-led interventions, with pharmacists more successful at reducing overuse and misuse of medications, compared with underuse. Pharmacist interventions were more likely to have an impact on prescribing and drug use outcomes, with limited evidence to support a significant positive impact on health outcomes. Interventions involving pharmacists that were most likely to demonstrate positive significant effects were: educational outreach, multidisciplinary case conferencing, computerized alert systems, and multi-modal interventions.

**CONCLUSIONS:** Pharmacist interventions have the greatest impact on prescribing and drug use outcomes signaling that developing a pharmacist-led medication review program aimed at deprescribing is a promising approach. Evidence-informed components for consideration as part of pharmacist care delivered during a “Problem-Based MedsCheck” include: (a) computerized alert system to prompt the pharmacist intervention; (b) pharmacist-led multidisciplinary meetings or educational outreach to review therapeutic topics and provide patient level reports to other health care team members; and (c) multidisciplinary case conferencing to discuss recommendations and care plans.