

“De-prescribing” guidelines aim to cut drug use in seniors

BY MARIA COOK, OTTAWA CITIZEN JULY 3, 2013



Gordon Cluett speaks with pharmacist Barbara Farrell about his medication at Elisabeth-Bruyère geriatric day hospital on his last day as a patient.

Photograph by: Cole Burston, Ottawa Citizen

OTTAWA — When Gordon “Sunny” Cluett met Elizabeth Flood nine years ago “it was love at first sight,” he says. They moved in together and enjoyed an active life. They hiked, cycled and skied and went on cruises.

When she died last year, Cluett, 81, took it hard. A vigorous man, he became a walking pharmacy, taking 18 different prescription and over-the-counter medicine.

For the first time, he was swallowing anti-depressants, sleeping pills and tranquillizers. In addition to his diabetes drugs, now there were fistfuls of pills for blood pressure, stomach upset and more. There were vitamins and allergy pills.

“I used to line these medications up on the kitchen counter and say ‘Oh my God, I can’t believe this. I used to be so healthy,’” says Cluett, a retired human-resources executive who lives in Ottawa.

Cluett is not alone, says Barbara Farrell, a scientist at the Bruyère Research Institute and a pharmacist at the Elisabeth-Bruyère geriatric day hospital.

"Many of us who work with the elderly have been wondering how do we stem the tide of adding more and more medications," says Farrell. "It seems like it's a problem everywhere around the world."

Farrell recently received \$430,000 from the Ontario Ministry of Health for a three-year project to develop de-prescribing guidelines. The goal is to reduce the number of remedies prescribed to seniors that cause side effects or are no longer needed. The guidelines for physicians, nurse practitioners and pharmacists will provide information on how quickly to lower a dose, by how much and what to monitor to ensure a patient doesn't run into trouble.

The simultaneous use of multiple medications, known as polypharmacy, is a growing issue as people live longer and acquire chronic diseases. For each condition, they are prescribed a different drug.

"People with several chronic diseases may see multiple specialists and have medications started by each one," says Farrell. "It's difficult as a family doctor to stop medications started by other physicians.

"We sometimes see people in the day hospital who have been on some medications for decades," she adds. "Often the original prescriber has died and the current family doctor may not know why the medication was originally started."

In 2009, the Canadian Institute for Health Information reported that 63 per cent of people over the age of 65 were taking at least five different drugs. Those over 85, were taking at least 10.

The problem is that as people get older and frail, they become more sensitive to side effects. Falls and confusion are common. Medications can cause sedation and affect balance and blood pressure. Up to 25 per cent of the elderly in the community have experienced an adverse drug reaction. "The risk starts to outweigh the benefit," says Farrell.

Reducing overmedication could also yield savings for taxpayers who pay for drugs for seniors through the Ontario Drug Benefit Program.

At the Bruyère geriatric day hospital, where seniors are referred if they are having difficulty managing at home, many patients improve after some medications are struck.

"They've stopped falling, their confusion has cleared, they've stopped having other side effects like diarrhea or headaches," says Farrell. They are "thrilled" to have fewer pills to keep straight.

One of her patients is Cluett, who says that he became "almost like a zombie."

Through slow tapering, Cluett is down to six prescription drugs plus vitamins. "It's wonderful," he says. "So far, I haven't had any negative effects." He's returning to the gym, able to walk for longer distances and feeling better.

Farrell warns that patients should never stop taking a prescribed medication without first consulting a health care professional.

The de-prescribing project involves other Bruyère scientists, as well as researchers from the University of Toronto and University of Waterloo.

They will develop guidelines for three classes of drugs which commonly cause problems in the elderly. The guidelines will be implemented and evaluated in three family health teams and three long-term-care facilities in Ottawa. The drugs and the sites have not been chosen yet.

“It was like a light bulb idea,” recalls Farrell. “I was thinking about the fact we have all these prescribing guidelines that encourage clinicians to prescribe medications. I said what we really need are de-prescribing guidelines.”

People interested in receiving updates can email deprescribing@bruyere.org

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