

# When Less is More

How Less Medication Makes End of Life More.....

The logo for 'better RX' is centered within a white rounded rectangle. The word 'better' is in a lowercase, rounded, orange font. The 'RX' is in a smaller, uppercase, orange font, positioned to the upper right of the word 'better'.

**better<sup>RX</sup>**

Rebecca Smith, PharmD

**A better way.**

# A Prescription Taking Nation

- 2.9 billion prescriptions written in 2016 by clinic prescribers
- 40% of Americans 65 years and over take 5 or more prescription medications.
- 30% take 8 or more prescription medications.
- Americans 65 years and over average 18 prescriptions per year.
- Hospice patients average 11.5 medication per patient on admission
- At discharge, hospice patients average 20 medications

[https://www.cdc.gov/nchs/data/ahcd/namcs\\_summary/2013\\_namcs\\_web\\_tables.pdf](https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2013_namcs_web_tables.pdf)



"You said 'fill all of them,' so we did. Next time maybe you should think about what you're saying?"

# Why does this matter?

5 medications

6%

+2  
= 7 medications

16%

+5  
= 15 medications

32%

Heart Failure  
+ 5 medications

10%

Renal Failure  
+ heart failure  
+ 7 medications

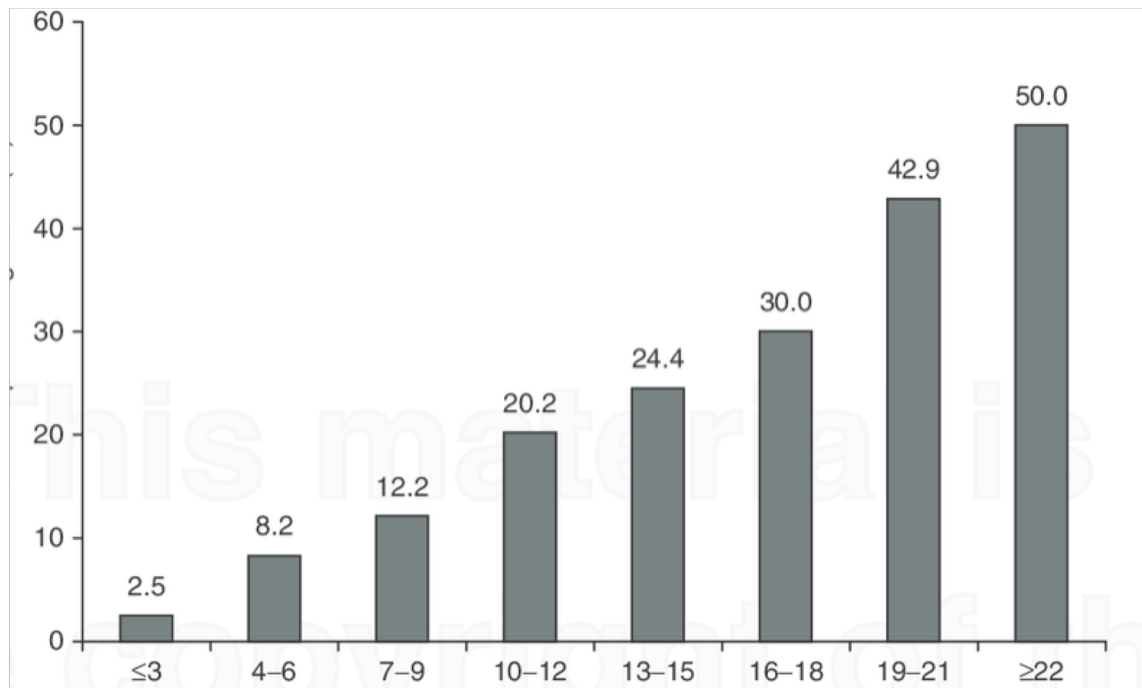
30%

Decreased food intake  
+ renal failure  
+ heart failure  
+ 15 medications

47%



# Stopping medications is not for the bottom line



# Why should hospice be concerned with polypharmacy?

Polypharmacy is associated with a 2.3 fold increase in ADEs

Risk doubles if taking 9+ medications

ADEs are found in 35% of older people and 2 out of 3 nursing home residents

28% of hospital admissions are due to adverse drug reactions

# QAPI

## A few definitions....

### Polypharmacy

taking 5 + prescriptions, supplements, herbs each day

### Deprescribing

process of thoughtfully reducing a patient's pill burden

### Adverse Drug Event (ADE)

unwanted event or reaction caused by or due to a medication side effect

### Prescription Cascade

new drugs added for a new “disease” that in reality is an ADE

# The Numbers

13%

Risk of an interaction  
with 2 medications

82%

Risk of an interaction  
taking >7 medications

100%

Risk of an interaction  
taking >10 medications



Risk of falls increases 3  
fold if taking 6 or more  
medications

Risk of falls in dementia  
patients increases 7% for  
every medication over  
four

16.4 medications daily

# The Prescription Cascade



Ropinirole

Agitation &  
Hallucinations

Risperidone

Insomnia

Temazepam

Namenda + Aricept

Urinary Incontinence

Oxybutynin

Angioedema, tachycardia  
and dizziness

Furosemide + Potassium +  
amiodarone



HERMAN®

by Jim Unger



**"I feel a lot better since I ran out  
of those pills you gave me."**

How to deprescribe?

or

How to convince patients  
life will be better without  
all those pills!



# There are many tools and algorithms

- ❖ CEASE Protocol
- ❖ Good-Palliative Geriatric Practice Algorithm
- ❖ STOPPFrail Criteria
- ❖ LESS-Chron Criteria
- ❖ Beers List of Inappropriate Medications
- ❖ Palliative and Therapeutic Harmonization Program
- ❖ FortA List
- ❖ The 5 Step Deprescribing Program
- ❖ The 10 Step Deprescribing Framework
- ❖ CMS targeted medication classes and prescribing habits

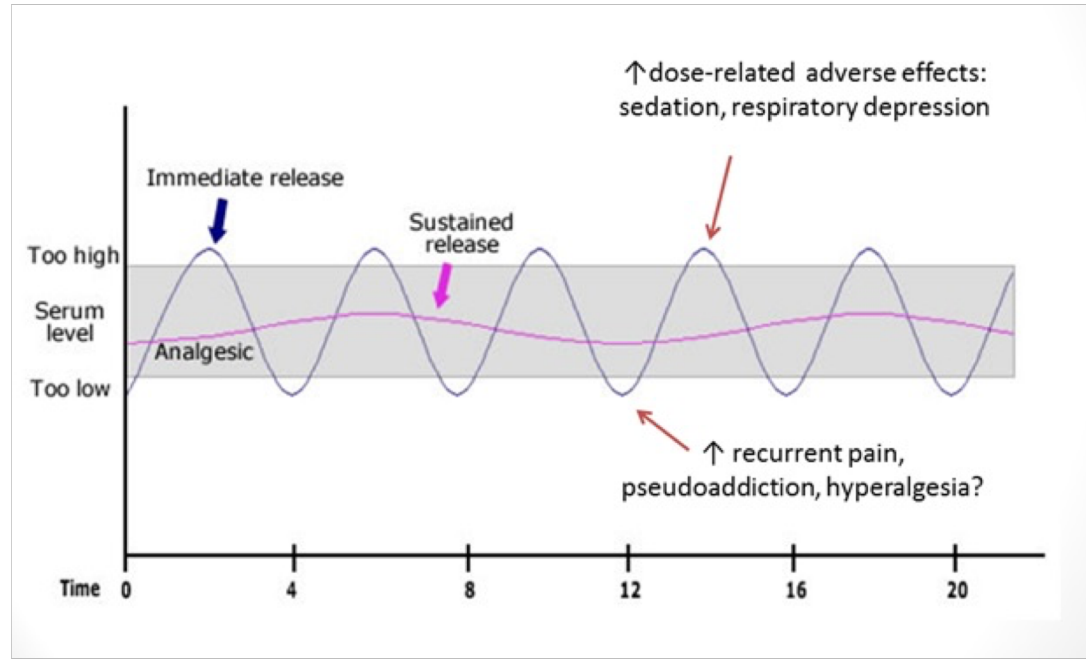
# CMS and Medications

Provide medications that are REASONABLE AND NECESSARY for the palliation and management of [the] terminal illness and related conditions. Including drugs in these 4 categories analgesics, antiemetics, laxatives, and anti-anxiety drugs.

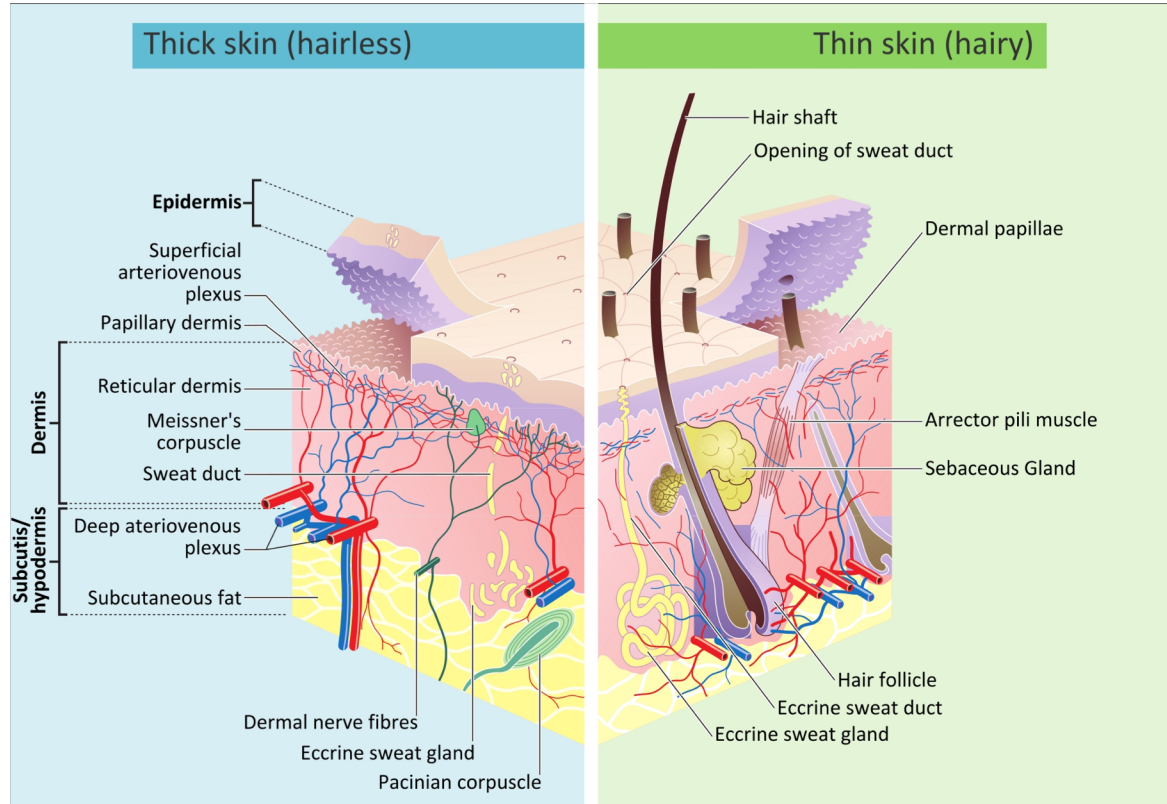
What does CMS consider appropriate versus inappropriate?

1. Is the dose excessive?
2. Is the medication a duplication of therapy?
3. Is the duration of therapy excessive?
4. Is there an indication for the medication?
5. Is proper monitoring occurring?
6. Is the patient experiencing adverse effects?
7. Or a combination

# Excessive Dose - Pain Management



# Excessive Dose - Pain Management



# Duration of Therapy - Anticoagulants/Antiplatelets

## Anticoagulants

- Risk of Fall/bleed vs Risk of Clot
- Except for a few cases indicated for short term use only <12 months
- Only Warfarin has a reversal agent

Duration of Antiplatelet Therapy				
(based on individual risk)				
Bleed Risk	Ischemic		Risk	
	Low		Moderate	High
	Low	6 months	12 months	≥ 30 months
	Moderate	3-6 months	6-12 months	12 months
High	High	≤ 3 months	3-6 months	6-12 month

# Duration of Therapy - GERD Medications

## Proton Pump Inhibitors

- Approved for short term use only
- B12 deficiency
- Iron, calcium and magnesium deficiencies
- Hip, femur, spine and wrist fractures
- Clostridium Difficile infections
- Community acquired pneumonia
- Rebound gastric reflux requires tapering
- Use H2 blocker + antacid prn

Indication	Duration
GERD	Indefinite period of time or use on demand
HP eradication	7 – 10 – 14 days
Duodenal ulcer	4 wks – duration increased in refractory cases
Gastric ulcer	8 wks – duration increased in refractory cases
Bleeding PU	IV PPIs for 72 hours ( <b>consensus</b> )
Gastroprotection	As long as patient requires NSAIDs or ASA
Dyspepsia	Depend on symptomatic response
ZES	Indefinite period of time

# Indication for Medications

Unnecessary  
medications provide no  
benefit to:

- ★ Duration of life
- ★ Quality of life
- ★ Symptom management

- Vitamins and Minerals
- Herbal supplements
- Cholesterol medications
- Osteoporosis medications
- Singulair and others
- Comtan
- Entresto
- Docusate

## Risk vs Benefits

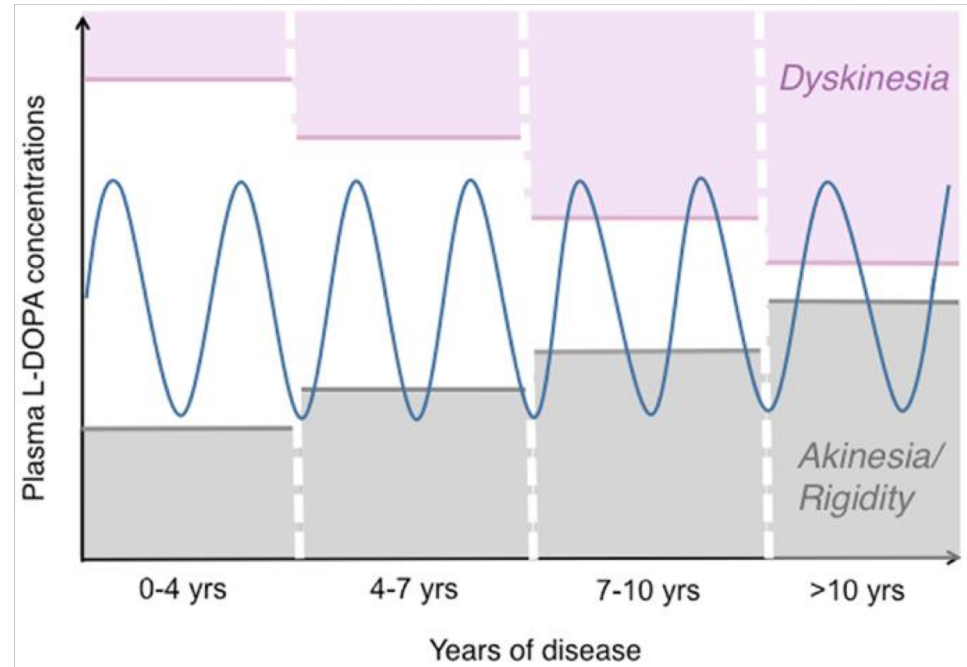
Is it possible this medication is doing more harm than good?

- Megace
- Iron supplement
- Fiber laxatives
- Milk of Magnesia
- Antibiotics
- Atropine
- Ropinirole
- Namenda + Aricept



# Time to Benefit

What was once preventive is now past it's helpfulness or even harmful.



# It's all about Quality not Quantity

The time for tight schedules,  
frequent monitoring, and  
narrow ranges is over.

BS closer to 200 than 120

BP closer to 150/90 than 120/70

O2 closer to 90 than 100

**No discomfort? No anxiety?**

**No worries!**





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"This probably won't work, but we do have medications that will take care of the side effects."



QUESTIONS