

SKILLS

CONSULTATION SKILLS

Polypharmacy and Deprescribing in general practice

Polypharmacy is the concurrent use of multiple medications. This is an issue for all patients with co-morbidities, although most prominent in the elderly, with approximately two thirds of people aged 75+ years taking five or more medications. Polypharmacy can be associated with multiple side effects, interactions and patient harm. Deprescribing is the process of withdrawal of an inappropriate or redundant medication with the goal of managing polypharmacy and improving outcomes. Managing polypharmacy, and effective deprescribing, is a challenging area of practice for GPs and registrars alike.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Definitions of polypharmacy and deprescribing • Adverse effects and harms of polypharmacy • Prescribing in the elderly • Approach to de-prescribing medications, including common target drugs e.g. PPIs, statins • Barriers to deprescribing • Benefits and practicalities of arranging a Medication Management Review 						
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the 2014 BPAC article Polypharmacy in Primary Care • Read the 2012 AFP article Thinking through the medication list on appropriate prescribing in the elderly 						
ACTIVITIES	<ul style="list-style-type: none"> • Teaching an approach to polypharmacy and deprescribing is best done through case discussion. See over for an activity. 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • The easiest way to deprescribe a medication is to not start it in the first place • De-prescribing is best achieved in close partnership with the patient • Drug cessation should be considered in all patients as a part of regular medication review • Rigidly following disease-specific guidelines in a patient with multimorbidity can lead to polypharmacy. The art is to combine guideline advice safely for the multimorbid patient • Critically review both medicines AND associated diagnosis i.e. consider diagnoses that are no longer relevant (undiagnosis) • Supervisor to review and discuss a couple of their own patients with polypharmacy 						
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="331 1637 432 1921">Read</td> <td data-bbox="432 1637 1490 1921"> <ul style="list-style-type: none"> • 2014 MJA article First do no harm: a real need to deprescribe in older patients • PHN Tasmania Deprescribing Resources • 2021 Australian Prescriber article Deprescribing in older people • 2021 AJGP article Strategies to simplify complex medication regimens • Evidence-based clinical practice guideline for deprescribing cholinesterase inhibitors and memantine • RACGP Silver book Deprescribing </td> </tr> <tr> <td data-bbox="331 1921 432 1995">Watch</td> <td data-bbox="432 1921 1490 1995"> <ul style="list-style-type: none"> • Bohemian Polypharmacy - a parody of Queen's classic song Bohemian Rhapsody </td> </tr> <tr> <td data-bbox="331 1995 432 2063">Listen</td> <td data-bbox="432 1995 1490 2063"> <ul style="list-style-type: none"> • 2020 NPS Medicinewise podcast on deprescribing in the elderly </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • 2014 MJA article First do no harm: a real need to deprescribe in older patients • PHN Tasmania Deprescribing Resources • 2021 Australian Prescriber article Deprescribing in older people • 2021 AJGP article Strategies to simplify complex medication regimens • Evidence-based clinical practice guideline for deprescribing cholinesterase inhibitors and memantine • RACGP Silver book Deprescribing 	Watch	<ul style="list-style-type: none"> • Bohemian Polypharmacy - a parody of Queen's classic song Bohemian Rhapsody 	Listen	<ul style="list-style-type: none"> • 2020 NPS Medicinewise podcast on deprescribing in the elderly
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FOLLOW UP AND EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Ask the registrar to undertake the clinical reasoning challenge • Registrar to present a case of a patient with polypharmacy and approach to deprescribing 						

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Activity

CLINICAL REASONING CHALLENGE

Hillary Thrift is an 87-year-old widower who has recently moved into the region and is now a patient of your practice. She presents for repeat scripts. She is frail but otherwise relatively well.

Her medication list is as follows:

- Atorvastatin 40mg mane
- Irbesartan 75mg daily
- Allopurinol 100mg daily
- Panadol Osteo 2 tabs tds
- Pantoprazole 40mg mane
- Lasix 20mg mane
- Amitryptiline 10mg nocte
- Stemetil 5mg prn
- Alendronate 70mg weekly

QUESTION 1. In considering deprescribing in a patient with polypharmacy, what are the MOST IMPORTANT factors in prioritising which medications to withdraw? List up to FOUR factors.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

QUESTION 2. You wish to seek input into managing Mrs Thrift's complex medication regime in order to guide your decision making. What is the MOST IMPORTANT community-based intervention for medication management you can arrange as a GP?

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Activity

ANSWERS

QUESTION 1

In considering deprescribing in a patient with polypharmacy, what are the MOST IMPORTANT factors in prioritising which medications to withdraw?

- Medications with the least utility e.g. resolved illness, limited efficacy
- Medications with highest risk e.g. potential for serious adverse effects
- Medications with the most significant adverse impact on wellbeing
- Medications which the patient wishes to cease
- Medications with complicated administration regimens

QUESTION 2

You wish to seek input into managing Mrs Thrift's complex medication regime in order to guide your decision making. What is the MOST IMPORTANT community-based intervention for medication management you can arrange as a GP?

- Pharmacist-facilitated home medicines review