Deprescribing psychoactive medication for geriatric patients in a multidisciplinary way

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1. BACKGROUND
A lot of studies emphasize the incidence of serious harms caused by polymedication in elderly patients. Especially the use of benzodiazepines and/or combination with other psychoactive medication increase the risk for confusion, falls, cognitive impairment, and other adverse drug events.

2. OBJECTIVE
Guarding the safety and quality of life for geriatric patients with polymedication by reducing the use of psychoactive medication in a multidisciplinary way with the clinical pharmacist, geriatrician, general practitioner and home pharmacist.

3. METHOD
Period: during 5 weeks patients were screened.
INCLUSION criteria: patient over 75 years with at least one other criterium:
- a contra-indication for benzodiazepines
- use of a diazepam equivalent of at least 20mg (calculated via http://benzoschema.knmp.nl/benzos_enduser.pt),
- pharmacodynamic synergistic interaction (antidepressants, antipsychotics, anticholinergics, sedative antihistaminics and opioids)
EXCLUSION criteria: palliative patients, exclusion by the geriatrician.

4. RESULTS
A) WORKFLOW AND TOOLS

B) 5 WEEK TEST
30 patients met the inclusion criteria. 6 were not approachable, for 4 patients the psychoactive medication was already stopped in the hospital. 70% of the patients informed agreed to reduce their psychoactive medication. 10% was excluded by the geriatrician, for 15% reduction was suggested via the discharge letter. The general practitioner always supported the effectuation of the reduction.

This project resulted in the development of a multidisciplinary workflow and some practical tools that can be used by any doctor or pharmacist.

CONCLUSION
✓ Deprescribing psychoactive medication for elderly people can successfully be implemented by the development of a multidisciplinary workflow (clinical pharmacist – specialist - general practitioner - home pharmacist) and by providing some practical tools.
✓ Our goal of patient safety could be achieved and led to satisfaction of patients and caregivers.

References: • www.bcfi.be • http://www.gezondheid.belgie.be/benzo