

**Canadian
Deprescribing
Network**

**Reducing inappropriate medication
use among community-dwelling older
Canadians through direct patient
education and engagement**



Disclosure Statement

I have no actual or potential conflict of interest in relation to this topic or presentation.

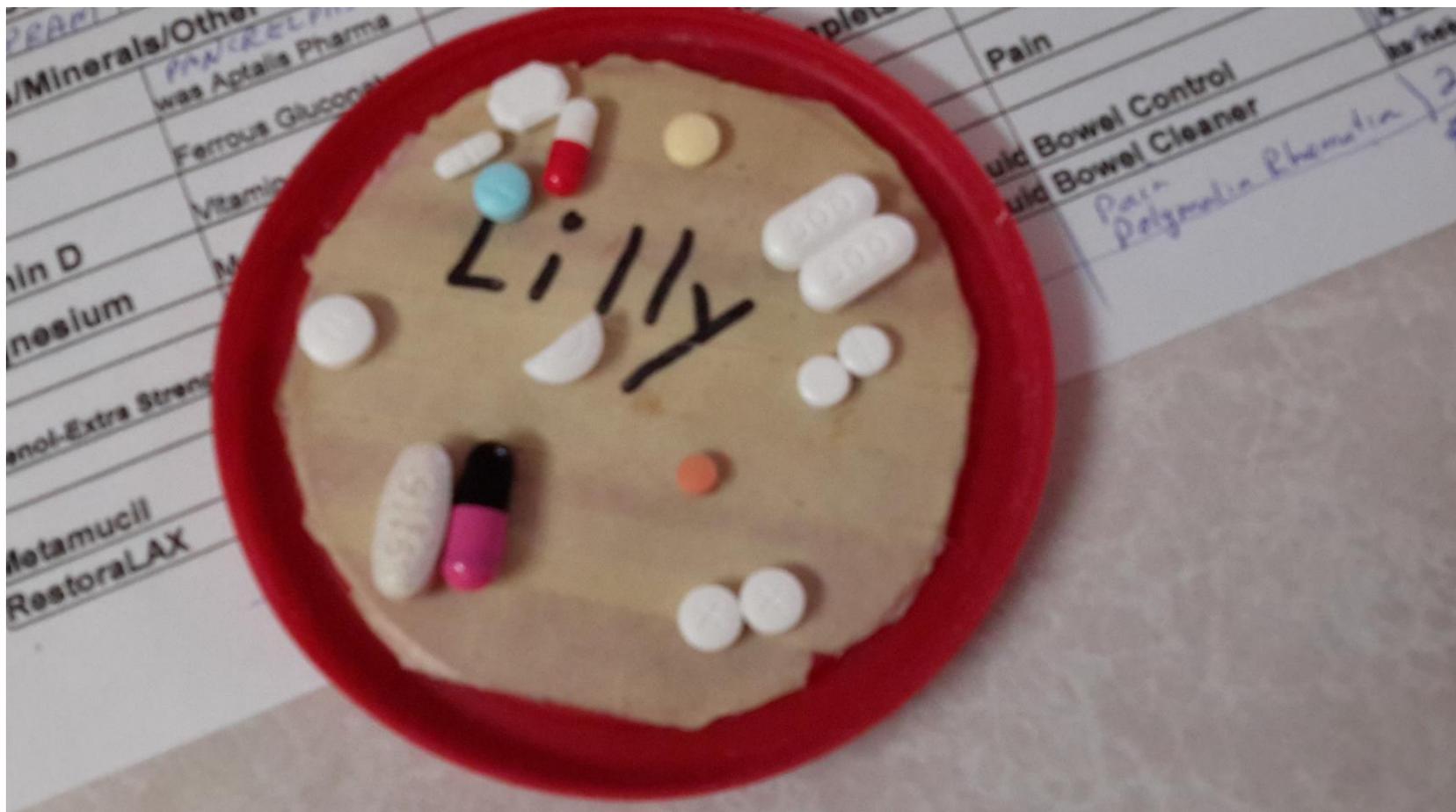
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Topics

- Why the need for deprescribing
- What older Canadians think about their medication use
- The Canadian Deprescribing Network (CaDeN): strategies for engaging older Canadians in deprescribing
- Our model: the essentials!

Lilly's daily drug intake



Medication use and older Canadians

- 2/3 of Canadians over 65 take at least 5 or more different medications
- 1 out of 4 take at least 10 different prescription drugs
- 32% of older women and 31% of older men take inappropriate or unsafe meds
- The majority of older Canadians use OTCs, 75% use supplements or herbal remedies such as Ginseng, St John's Wort, Echinacea



Older Canadians' concerns about medications they take

Community-dwelling Canadian men and women rank medication side effects first among their concerns for healthy aging, tied only with fears about memory loss

- 2/3 of Canadians are aware that medications can cause harm
- 42% have discussed stopping meds with their doctor

Risks of medications for people over 60

- Older people have smaller bodies, less water and more body fat. Amount of drug per pound is higher. Drugs concentrated in fat tissue persist longer
- Decreased ability of kidneys and liver to process and clear drugs
- Increased sensitivity to drugs acting on the CNS and with anticholinergic effects - resulting in confusion, short term memory problems, decline in cognition, blurred vision, urinary retention (e.g. antihistamines, antidepressants)

Risks (cont'd)

- Decreased blood pressure maintaining ability, leading to faintness and falls when standing
- Decreased ability to regulate temperature
- 20% of seniors have multiple chronic conditions leading to a prescribing cascade (e.g. anti-psychotics → anti-Parkinson meds → new symptoms → more drugs)
- **A greater number of drugs is independently associated with increased risk of ADEs**
- Increased hospital admissions and ER visits for ades=higher healthcare costs

Potential outcomes of polypharmacy and unsafe drugs

- Falls and fractures
- Gastric problems
- Confusion, delirium,
- Sedation
- Cognitive decline /memory problems
- Dizziness and fainting
- Restlessness, anxiety and irritability
- Sleep problems
- Pain
- *Quality of life*

Reasons why older Canadians have concerns about the drugs they take

- Not feeling well/new symptoms
- Difficulty keeping track of multiple drugs
- Concerns, support or pressure from pharmacists, doctors, family members
- Hearing about adverse drug effects
- Information and modelling from peers

Barriers to deprescribing for older Canadians

Personal/health factors – chronic conditions, vision loss, memory issues, difficulty making decisions

Fears – a doctor may be angry if prescriptions questioned, concerns about destabilizing health

Drug complexities: generic versus multiple brand names, me-too drugs, indications, doses, on or off-label, adverse drug effects, drug myths – cost and currency, sheer number of drugs (prior to 1980 – 1 drug for diabetes, by 2015- 46).

Lack of encouragement/practical support for reducing medications – who is going to do it?



Taking action on deprescribing: The Canadian Deprescribing Network (CaDeN)

OUR GOALS

- Reduce inappropriate prescribing and polypharmacy among older Canadians
- Promote the safer use of drugs and non-drug options (e.g. to address sleep problems)
- Facilitate research on polypharmacy and deprescribing for seniors
- Actively engage older Canadians in deprescribing and peer-to-peer education

Founded in 2015



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Empowering and engaging older Canadians in deprescribing: five strategies

- 1) Development of Patient Awareness and Engagement Subcommittee
- 2) National survey of Canadians over 65
- 3) Development of a national inventory of senior-serving organizations
- 4) Development and distribution of user-friendly materials on safer drug use and deprescribing
- 5) Face-to-face meetings with seniors and senior-serving organizations/encouragement/empowerment

Strategy 1: Development of a public awareness and engagement subcommittee

- Knowledge/experience with harmful medication use, aware of drug policy, activists
- Awareness of/links with seniors groups and organizations
- Skilled in knowledge translation, good communicators

Strategy 2: National survey for older Canadians on medication awareness and deprescribing

- 2016 - 2665 Canadians over 65
- Mean age – 74.0/66% women
- Only 6.9% of respondents familiar with the term deprescribing
- 48% had researched info on medication harms
- 75% willing to stop a medication if a doctor advised it

A follow-up survey is planned to assess knowledge gains

Strategy 3: Identifying the target group – older Canadians via senior-serving organizations

- National inventory of senior/senior serving organizations
- 1100 national, provincial and local seniors clubs, independent and assisted housing, recreation, health, retiree, pensioner and cultural organizations, including homecare support
- Broad scope of outreach – some groups with 5000+ members
- Trusted organizations, large committed memberships, staff or volunteer contacts, regular communication with members (newsletters) open to distributing deprescribing information), motivated and energetic

Strategy 4: Development of citizen-friendly resources and information

- Development of materials appropriate to seniors on deprescribing, keeping medication records, how to sleep without drugs, seniors' vulnerabilities to medications, common ades, drug safety tips, how to talk your doctor, starting with a medication review
- Mix of print and online materials – appropriate fonts, structure and colour. Capacity to distribute printed materials
- 2017 – current = 56,000 fact sheets, brochures, postcards distributed to senior organizations

Strategy 5: Direct engagement and empowerment of older Canadians

- **Public events:**

- six deprescribing fairs with educational booths
- 80 public lectures on deprescribing

- **Focus groups:**

- seven focus groups with older Canadians to determine needs and outreach strategies (all regions)

- **National and regional meetings:**

- National summit involving representatives from 30 senior-serving organizations plus healthcare providers/policy makers
- Regional meetings -Maritimes, Quebec, Manitoba, BC and Alberta

- **Use of community champions:** (key contacts in organizations) to network give presentations and spread the word (30-40)

- **Webinars** – 5 (190 participants)

What works – the essentials!

- People to people empowerment approach
- Informed patient medication and consumer advocates as leaders/strong staff support team = effective collaboration
- Use of trusted community-based seniors organizations
- Listening to the stories of older Canadians –face-to-face contact and encouragement
- Appropriate, attractive and practical resources - all with print version
- Recognition – deprescribing champions

Deprescribing and older Canadians: what do we still need to know?

1. What deprescribing messages are most effective with seniors
2. What do seniors want to know about the medications they are taking?
3. Do medication reviews reduce polypharmacy and lead to safer drug use?
4. Where can citizens get specific help to reduce or taper their medications?
5. How do we **prevent** polypharmacy and unsafe prescribing among seniors? (the long story of benzodiazepines)

Keep in touch!



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