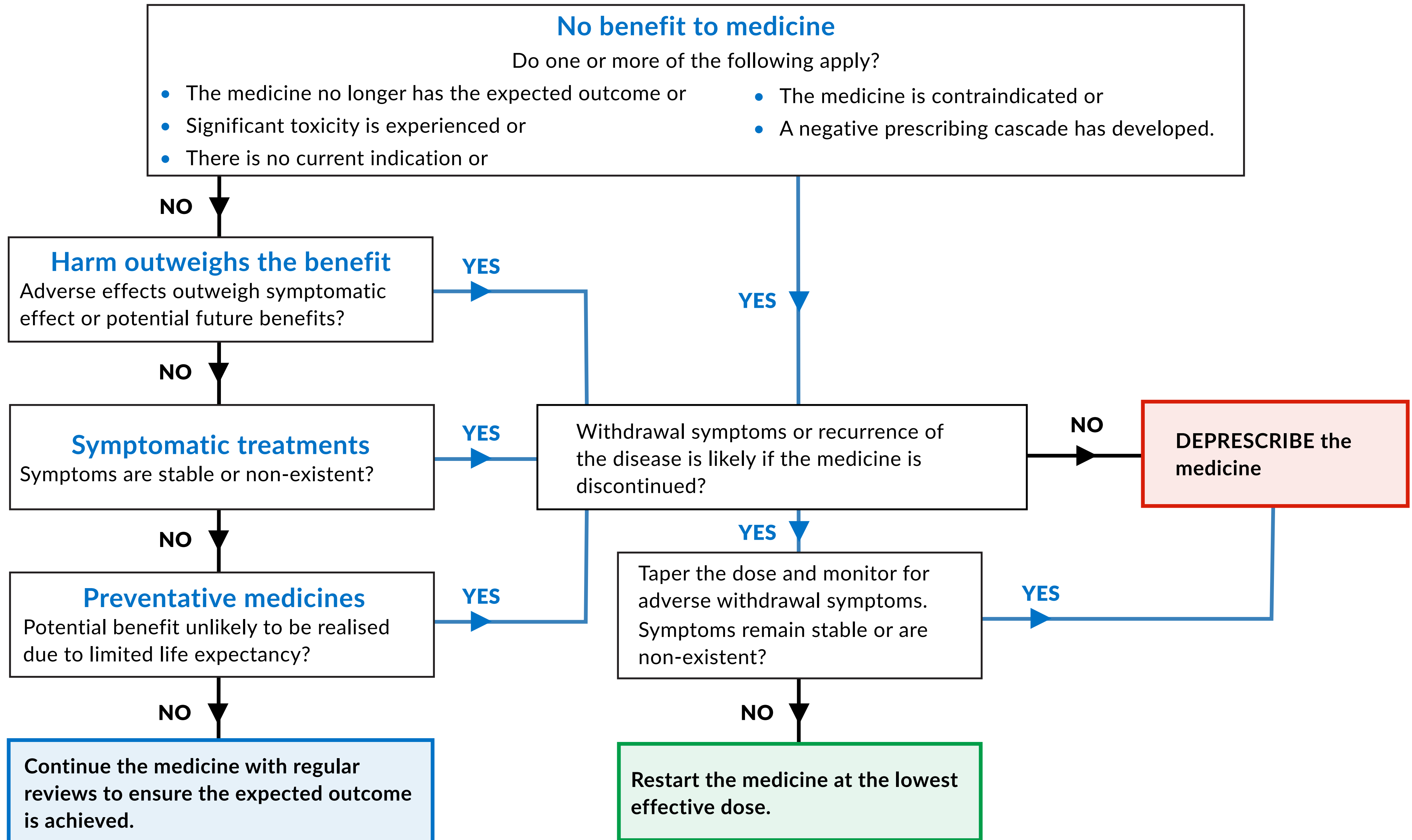
General deprescribing algorithm

Adapted for use with kind permission from Professor Ian Scott, Department of Internal Medicine and Clinical Epidemiology, Princess Alexandra Hospital, Brisbane, QLD, Australia.



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General principles of deprescribing

- Treat the patient as an individual, they should receive appropriate treatment according to their risk factors.
- Use shared decision-making – patients are more likely to engage if they understand the rationale for deprescribing at initiation of a new medicine.
- Taper doses, unless a severe adverse drug event (ADE or side effect) is experienced.
- Patients with multimorbidity who are treated according to guidelines are prescribed a large number of medicines. This polypharmacy increases the risk of an ADE. Stopping medication may relieve these effects, and thereby improve the patient's wellbeing.
- Consider a non-pharmacological option, this may be a safer choice.

Therapeutic information

Deprescribing of some medicines may require specialist input but the GP should take overall responsibility for the patient's medicine regimen. Inappropriate polypharmacy imposes a substantial burden of ADEs, poor health, disability, increased hospitalisation and even death; this is a particular risk in older people and those with increasing frailty and is proportionate to the number of prescribed medicines.Deprescribing is the process of tapering or stopping medicines to ensure appropriate polypharmacy and improve patient outcomes.

References

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