DEPRESCRIBING MEDICATIONS IN THE OUTPATIENT SETTING: AN INTEGRATIVE REVIEW TO UNDERPIN PHARMACEUTICAL PRACTICE

M.C. MARTINS[1], C.E. CHAVES[1] , R.M. JULIANO[1], M.D.P.T. NUNES[2], P.C.M[1]. HONÓRIO[1], V.B. PINTO[1].

[1]DIVISAO DE FARMACIA, INSTITUTO CENTRAL, HOSPITAL DAS CLINICAS HCFMUSP, FACULDADE DE MEDICINA, UNIVERSIDADE DE SAO PAULO, SAO PAULO, SP, BRASIL. [2]FACULDADE DE MEDICINA, UNIVERSIDADE DE SAO PAULO, SAO PAULO, SP, BRASIL.

maria.cleusa@hc.fm.usp.br

BACKGROUND AND IMPORTANCE

- **Context**: Increasing longevity leads to polypharmacy and higher clinical risks.
- **The Solution**: Deprescribing - the safe discontinuation of unnecessary medications.
- **The Challenge**: Moving from reactive to proactive deprescribing in clinical routines.
- **Setting**: Internal Medicine outpatient clinic, São Paulo, Brazil.

AIM AND OBJECTIVES

- Contextualize global deprescribing practices.
- Provide evidence-based support for **pharmaceutical interventions** in outpatient settings.

MATERIAL AND METHODS

- **Type**: Integrative Literature Review (2017–2022).
- **Sources**: PubMed, VHL, Embase, Web of Science, and Scopus.
- **Criteria**: Focus on clinical/pharmaceutical deprescribing in outpatient care.
- **Keywords**: Deprescribing, Outpatient Clinics, General Internal Medicine, Polypharmacy, Adverse Events.

RESULTS

- **Sample Size**: 23 high-impact articles selected.

Current Landscape

- **Main Drivers**: Mostly **reactive** (triggered by adverse drug reactions).
- **Primary Target**: Geriatric patients and specialists.
- **Outcome**: High success/acceptance rates with low medication reintroduction.

Key Success Factors

- Interdisciplinary Team: Collaborative approach is essential.
- Pharmacist's Role: Leading interventions and requesting discontinuation.

Top Medications Deprescribed

- NSAIDs (nonsteroidal anti-inflammatory drug) & Opioids
- Benzodiazepines
- Proton Pump Inhibitors (PPIs)
- Cardiovascular & Neuropsychiatric drugs

Clinical Benefits

- ↓ Adverse events.
- ↑ Treatment adherence & Patient satisfaction.
- ↑ Quality of Life (QoL).

CONCLUSION AND RELEVANCE

- **Evidence**: Significant number of prescriptions contain unnecessary/harmful medications.
- **Safety**: Deprescribing is safe and rarely leads to clinical relapse.
- **The Pharmacist**: Acts as a key player in identifying opportunities and ensuring patient safety.

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