CP-003

‘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

1. Workflow of the clinical pharmacist

Identify patients at risk (inclusion criteria) by checking their home medication

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Inform patients about the impact of benzodiazepines and propose to reduce

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Consult the geriatrician to decide which psychoactive medication to reduce

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Contact the general practitioner for agreement on the reduction schedule

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With permission of the patient: inform the home pharmacist about the reduction schedule

2. Contra-indications

COPD
Asthma
Sleep apnea
Myasthenia gravis

3. Diazepam equivalent

Molecule	dose (mg) equivalent to 10mg diazepam
Triazolam	0,5
Alprazolam	1
Bromazepam	10
Brotiazolam	0,25
Clotiazepam	5
Lorazepam	2
Lormetazepam	1
Clonazepam	2
Cloxazolam	1
Ethylloflazepate	2
Nordazepam	5
Zolpidem	10

4. Reduction schedules

Reduction schedules for anti-depressants and antipsychotics can be found on: http://wiki.psychiatrienet.nl/index.php/

Short and intermediate acting benzodiazepines can be reduced in steps corresponding to half of the lowest commercially available dose.

Lormetazepam 2mg
2 weeks 1,5mg
2 weeks 1mg
2 weeks 0,5mg
2 weeks 0,5mg every other day
stop

This can also be used for long acting benzodiazepines with low commercially available doses

Cloxazolam 2x 1mg a day
2 weeks 0,5mg – 1 mg
2 weeks 1mg in the evening
2 weeks 0,5mg in the evening
stop

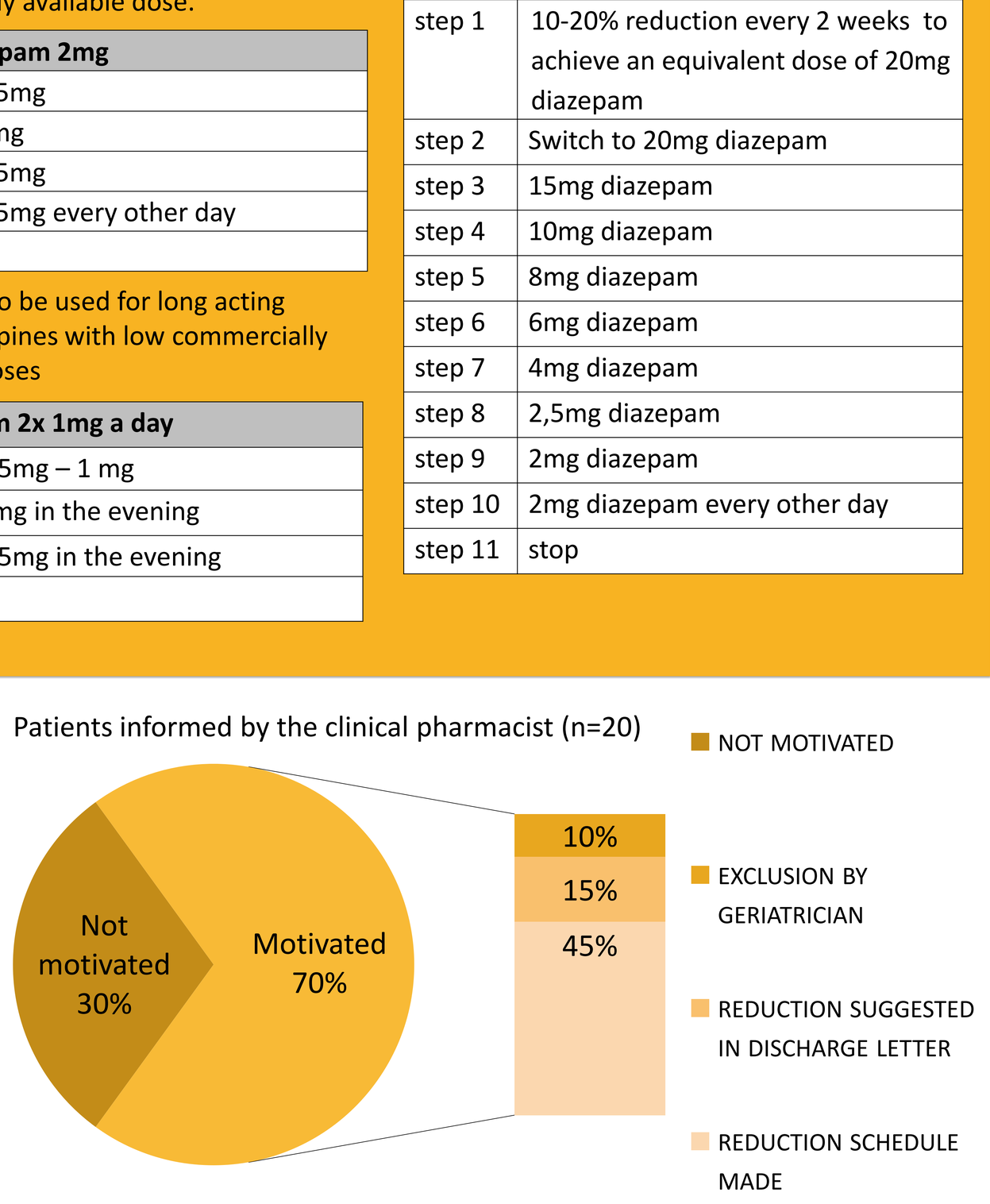
Other long acting benzodiazepines can be swtiched to diazepam in order to reduce in small steps.

Long acting benzodiazepine (e.g. Clobazam, Clorazepaat, Flurazepam, Nitrazepam, Nordazepam)	
step 1	10-20% reduction every 2 weeks to achieve an equivalent dose of 20mg diazepam
step 2	Switch to 20mg diazepam
step 3	15mg diazepam
step 4	10mg diazepam
step 5	8mg diazepam
step 6	6mg diazepam
step 7	4mg diazepam
step 8	2,5mg diazepam
step 9	2mg diazepam
step 10	2mg diazepam every other day
step 11	stop

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