

Deprescribing for Older Patients in an Emergency Department

What was done

The pilot study was conducted to explore the recommendation and implementation of deprescribing for older patients across sectors, facilitated by pharmacists in a Danish Emergency Department (ED).

Why was it done

Deprescribing for older patients is proposed to mitigate the risks of harm associated with polypharmacy. Deprescribing initiated in the ED is effective only if maintained across healthcare sectors with patient adherence. Some ED pharmacists in Denmark have the authority to approve medication changes in electronic records, potentially enhancing implementation. We aimed to elucidate the degree of implementation of recommended deprescribing interventions across sectors for older patients, facilitated by ED pharmacists. Additionally, we explored differences in implementation based on whether deprescribing was authorized by pharmacists or delegated to an ED doctor or general practitioner (GP).



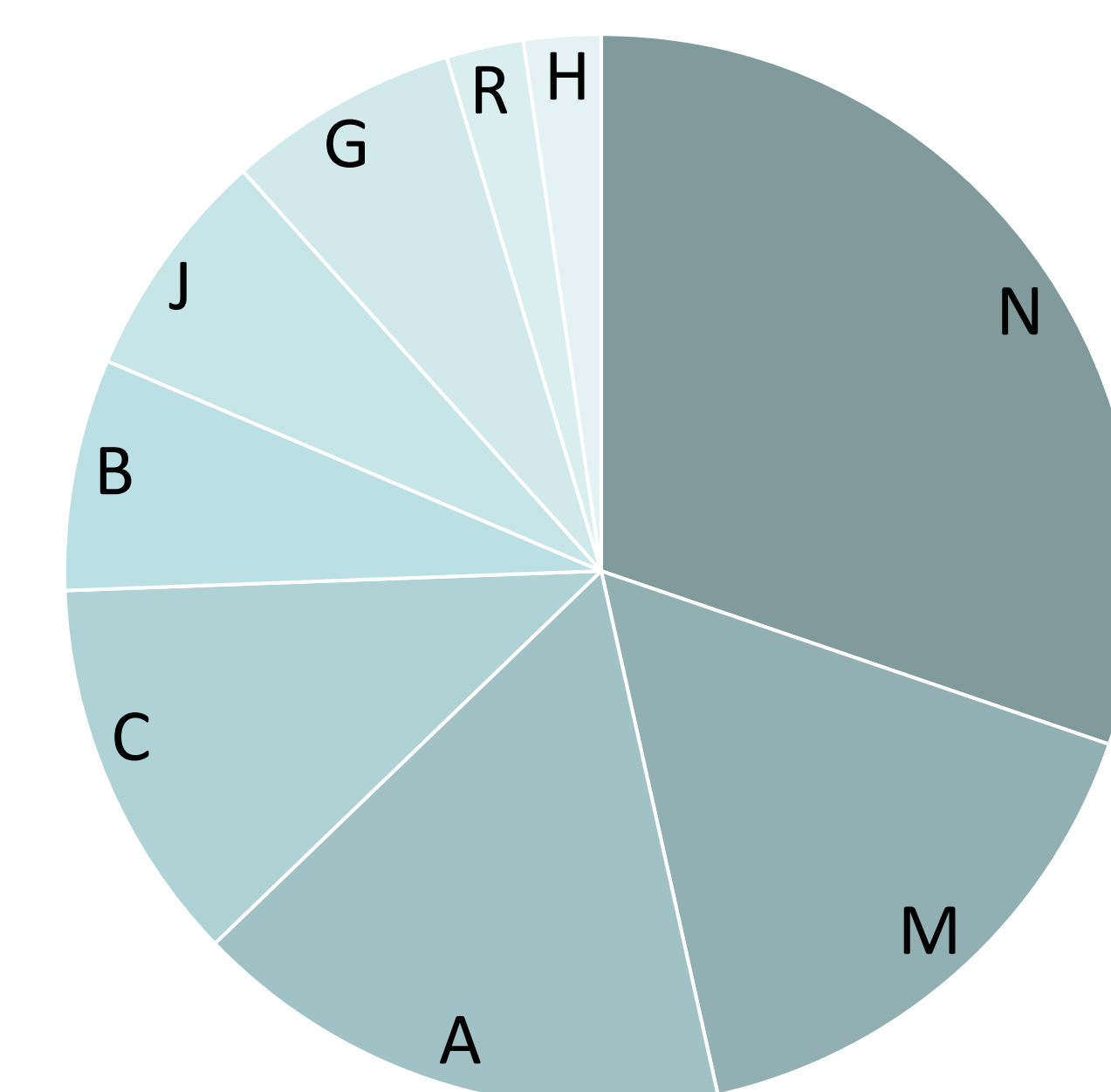
How was it done?

Pharmacists initiated deprescribing interventions, ensured consensus with the patient and/or ED doctor, respectively, and were assigned responsibility for authorizing medication changes. Pharmacists checked for implementation in the shared medication record (FMK) after 14 and 30 days and contacted, if possible, self-administrated patients 14 days post-discharge to assess adherence. The following were registered:

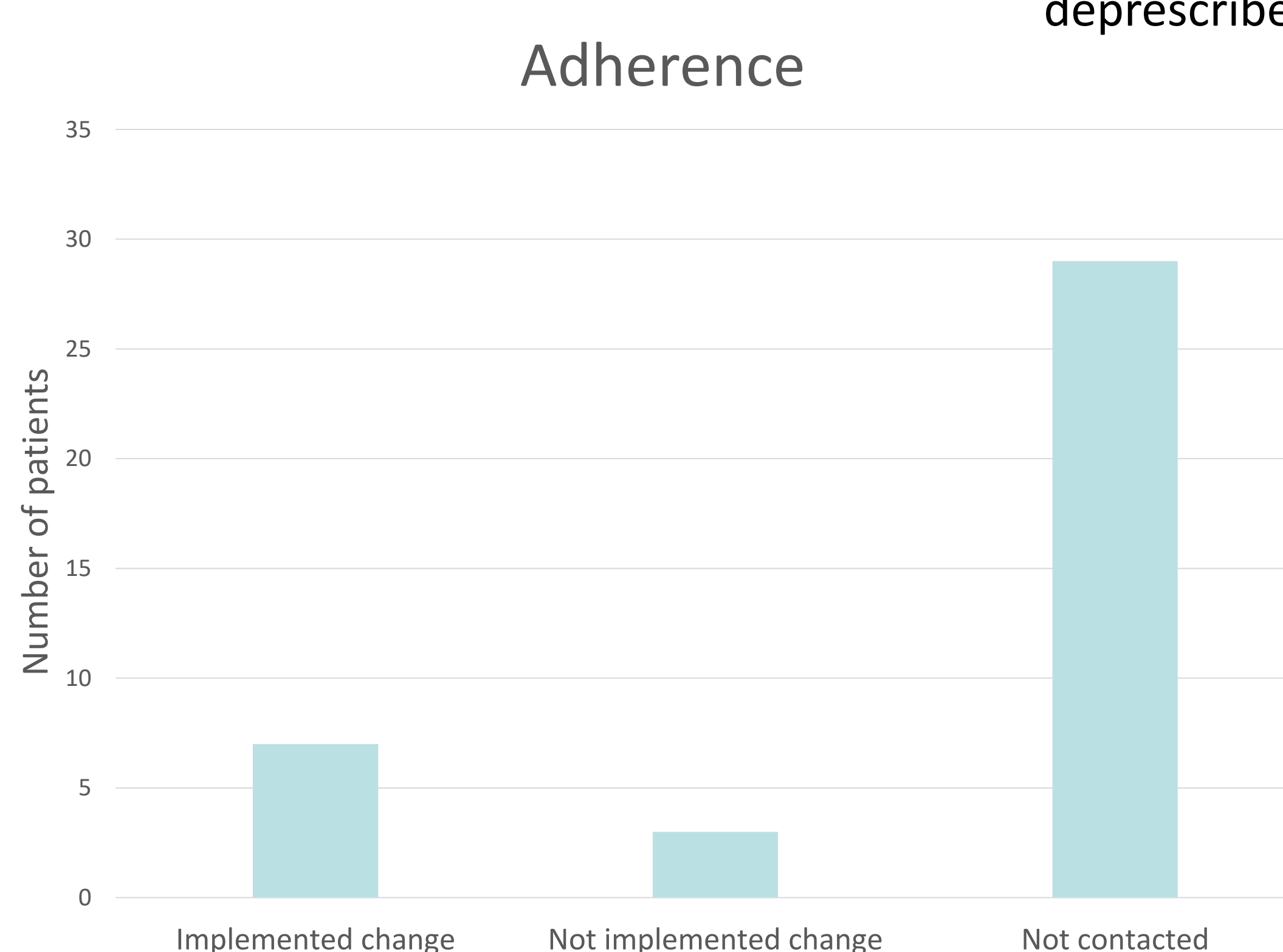
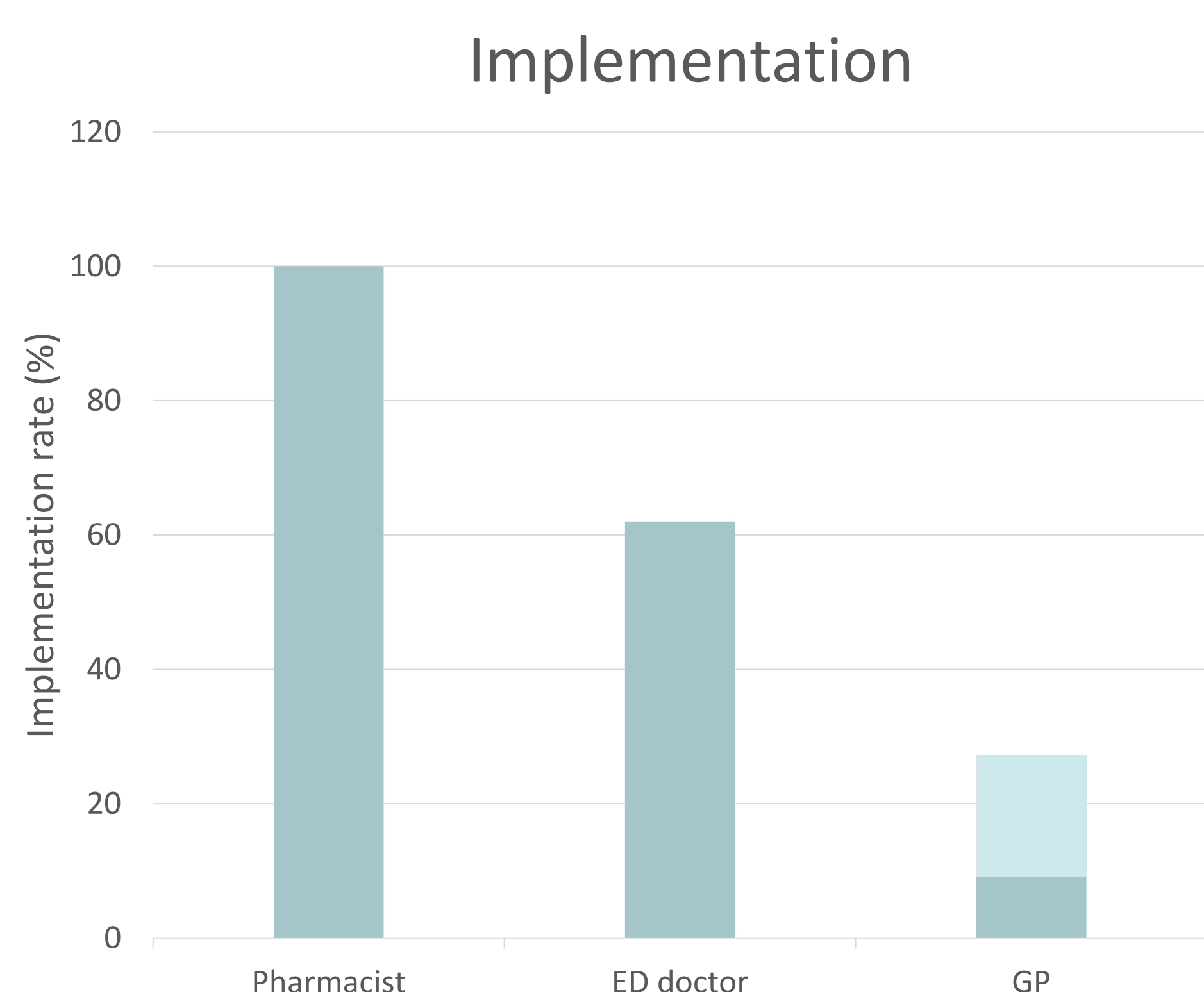
- Who held the responsibility to authorize?
- What kind of medication was deprescribed?
- To what extent were the changes implemented in FMK after 14 and 30 days?
- What was the adherence for the contacted patients?

What has been achieved?

The study involved pharmacist-led interventions for 39 patients. Twenty-three patients (59%) had their change implemented in FMK after 14 days. Two more patients had their FMK changed between day 14 and day 30. Changes authorized by a pharmacist (nine patients) resulted in an implementation rate of 100%, whereas it was 62% and 27% respectively when delegated to the ED doctor (20 patients) or GP (11 patients). Ten patients were contacted, of which seven confirmed adherences. The deprescribed medication included 43 drugs, corresponding to 35 different generic drugs.



ATC-classification for the implemented deprescribed drugs (N=43)



What next?

Pharmacist-led interventions in the ED improve implementation of deprescribing across care transitions. When pharmacists are authorized to make changes themselves rather than delegate to an ED or GP, the degree of implementation may increase. This finding supports the involvement of clinical pharmacists in the ED to promote more extensive deprescribing in clinical practice.

