

Impact of a Pharmacist-Administered Deprescribing Intervention on Nursing Home Residents: A Randomized Controlled Trial

Objective

To implement and assess whether a deprescribing initiative can safely reduce the number of unnecessary medications among long-term care (LTC) residents in NL.

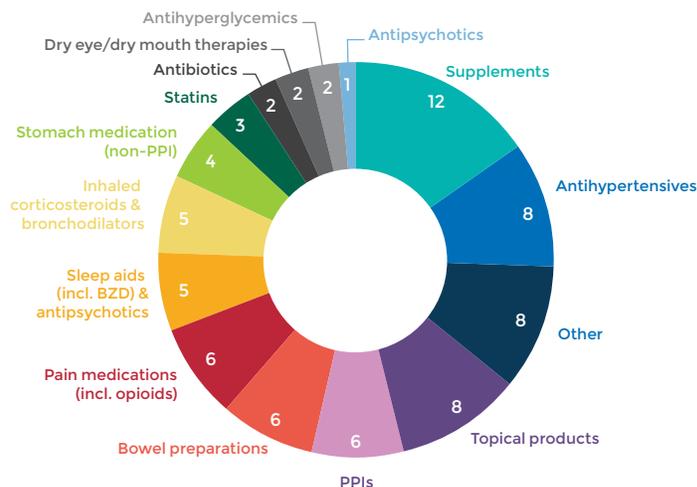
Practice Points

1. Deprescribing is the process of intentionally stopping a medication or reducing its dose to improve the person's health or reduce the risk of adverse effects.
2. Aging is commonly accompanied by an increase in co-morbidities and medications, which can be associated with serious adverse drug reaction and interactions.

Methods (PI Dr. D. Kelly)

1. Residents on one unit of St. Patrick's Mercy Home were randomized to receive a deprescribing intervention or usual care. Nursing staff were educated about the deprescribing process and non-pharmacologic supports before the study began.
2. The intervention group received an in-depth medication review with a focus on deprescribing. Individualized plans to taper and discontinue medications were developed and discussed with prescribing physicians and the resident/family. Usual care residents received routine medication reviews.
3. Numbers of prescribed regular and as-needed medications were measured at baseline, three months and six months.
4. Resident Assessment Instrument (RAI) scales, including Cognitive Performance and Activities of Daily Living (disablement), were also measured. Types of medications deprescribed, as well as the number of recommendations made and accepted were recorded.

Medications Successfully Deprescribed at Three Months, by Class



Average Number of Medications per Patient at Baseline, Three Months and Six Months



Conclusion

1. A pharmacist-administered deprescribing intervention in a nursing home ward significantly reduced the number of medications residents were taking by 2.78 medications per resident at six months.