MEDICATION OPTIMIZATION FOR THE PRIMARY CARE PROVIDER

VICTORIA BRAUND MD, FACP, CMD
DIRECTOR, DIVISION OF GERIATRICS
NORTHSHORE UNIVERSITY HEALTHSYSTEM

1

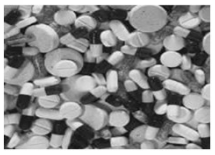
DISCLOSURES

- THERE WILL BE SOME OFF-LABEL DISCUSSIONS OF MEDICATION IN THIS TALK, BUT THEY ARE WELL-ACCEPTED PRINCIPLES IN GERIATRICS MEDICINE.

2

DR VICKI'S FIRST RULE OF GERIATRICS

- IF A BAD THING HAPPENS TO A PATIENT, A DRUG DID IT UNTIL PROVEN OTHERWISE



3

MRS B.

- SHE IS A 78 YEAR OLD LADY WITH CAD, HTN, HL
- SHE HAD A STEMI 2 MONTHS AGO; BARE METAL STENT PLACED
- SINCE THEN, SHE HAS BEEN IN AND OUT OF THE HOSPITAL
- HER PCP ASKED HER TO BRING IN HER MEDICATION BOTTLES TO HER NEXT APPOINTMENT…

4

DO THE BROWN BAG TEST: HAVE YOUR PATIENTS BRING ALL THEIR MEDS IN!

- GO THROUGH
  - MEDICINE CABINETS
  - BEDSIDE TABLES
  - KITCHEN TABLE
- INCLUDE
  - RX
  - OTC
  - VITAMINS
  - SUPPLEMENTS

5

BEST TIMES FOR BROWN BAG REVIEW!

- CARE TRANSITIONS
  - POST-HOSPITAL
  - HOME FROM THE SNF
    - TRY TO GET THAT WONDERFUL TCM CODE!!
- ANNUAL WELLNESS VISIT
- NEW SYMPTOM OR NEW DIAGNOSIS
- PALLIATIVE CARE/ END OF LIFE CARE

6

IT WAS A REALLY BIG BAG!

7

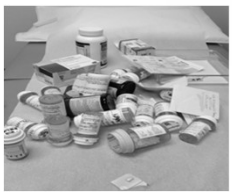
TWO MONTHS AFTER HER BARE METAL STENT:

- *WONDER IF HER CARDIOLOGIST KNOWS THAT HER ASPIRIN EXPIRED 19 YEARS AGO….*

8

9

WHAT IS POLYPHARMACY?



- NUMBER OF MEDS
- UNNECESSARY MEDS WITHOUT A CLEAR INDICATION
- INAPPROPRIATE MEDS
  - INEFFECTIVE
  - DUPLICATIVE
  - NO FURTHER BENEFIT
  - DANGEROUS

10

FACTORS CONTRIBUTING TO POLYPHARMACY

- INCREASING AGE
- MULTIPLE MEDICAL PROBLEMS
- MULTIPLE PROVIDERS
  - SPECIALISTS, THE VA, ETC.
- MULTIPLE PHARMACIES
- SELF-TREATMENT
  - OTCS, SUPPLEMENTS, ONLINE
- COPIOUS PRESCRIBING →

11

COPIOUS PRESCRIBING

- AMERICAN CULTURE OF PRESCRIBING
  - "A PILL FOR EVERY ILL"
- DIRECT-TO-CONSUMER ADVERTISING
  - DUPIXENT® , ANYONE?
- HURRIED PACE OF MEDICAL CARE
- PATIENTS WANT US TO "DO SOMETHING"

12

GET ONE GOOD MEDICATION LIST

- MAKE SURE YOU AND THE PATIENT/ FAMILY ARE WORKING FROM THE SAME MEDICATION LIST
- **SHOULD NOT BE THIS HARD, BUT IT IS!!!**

Medication and Allergy Information

Name of Medication*	Dose	How often taken	Last time taken

*Include all over the counter medications and herbal supplements

Allergic to	Reaction

13

ARE THESE THE RIGHT MEDS?

START DEPRESCRIBING TODAY !

- "DOC, I'M ON SO MANY PILLS!"
- IF PATIENT MENTIONS A COMMON MEDICATION SIDE EFFECT
  - EX) DRY MOUTH, CONSTIPATION
- ASK PATIENT IF THEY THINK PROBLEM IS CAUSED BY THE MEDICATION
- LOOK FOR "LEGACY PRESCRIBING"
- CHOOSE MEDICATIONS TO FOCUS ON
- START WITH ONE PATIENT A DAY

14

HELPFUL PHRASES

- "PAUSE AND MONITOR" VS. "DISCONTINUE"
- "YOU ARE ON A NUMBER OF MEDICATIONS NOW. I WOULD LIKE TO REGULARLY REVIEW THESE TO MAKE SURE EACH OF THEM IS STILL BENEFITING YOU, AS WELL AS CHECK FOR SIDE EFFECT
- AS WE GET OLDER, MEDICATIONS THAT WORKED WELL MAY NO LONGER HAVE THE SAME BENEFIT; IN PARTICULAR, I'M THINKING THAT "X" MAY NO LONGER BE NEEDED.
- "FROM YOUR POINT OF VIEW, WHAT MATTERS MOST TO YOU? HOW DO YOU FEEL ABOUT THESE OPTIONS? IS THIS SOMETHING YOU WOULD CONSIDER?"
- "WHAT MEDICATIONS ARE IMPORTANT FOR YOU TO KEEP TAKING"

15

ARE THESE THE RIGHT MEDS?
TIPS TO DEPRESCRIBING:
LOW HANGING FRUIT: VITAMINS

- OLD PEOPLE LOVE THEIR VITAMINS
  - A MULTI-BILLIION DOLLAR INDUSTRY
  - BEEN TO COSTCO LATELY?
  - WHY NOT??
    - » INEFFECTIVE
    - » OFTEN HUGE AND HARD TO SWALLOW
    - » POLYPHARMACY
  - TIP: KEEP THE VITAMIN D (↓ FALL RISK)

16

Fish oil is dead

17

Medical News & Perspectives

May 8, 2018

Another Nail in the Coffin for Fish Oil Supplements

Jennifer Abbasi

Article Information

JAMA. 2018;319(18):1851-1852. doi:10.1001/jama.2018.2498

- ALL TOLD, FISH OIL SUPPLEMENTS DID NOT REDUCE THE RISK OF CORONARY HEART DISEASE DEATHS, NONFATAL HEART ATTACKS, FATAL OR NONFATAL STROKES, REVASCULARIZATION PROCEDURES, OR ALL-CAUSE MORTALITY AMONG THE FULL STUDY POPULATION. THE SUPPLEMENTS ALSO DIDN'T PROTECT AGAINST MAJOR VASCULAR EVENTS IN ANY SUBGROUPS, INCLUDING PEOPLE WITH A HISTORY OF HEART DISEASE, DIABETES, HIGH CHOLESTEROL, OR STATIN USE.

18

VITAMINS AND SUPPLEMENTS

- LET THEM HAVE THEIR CENTRUM SILVER
- ENCOURAGE VITAMIN D
- ENCOURAGE CALCIUM THROUGH DIET
  - SUPPLEMENT ONLY IF DAILY FREE DIET
- AVOID ONLINE AND TV PURCHASES!

19

ARE THESE THE RIGHT MEDS?
This one often needs to go!
PROTON PUMP INHIBITORS

- SINCE 2012, FDA WARNED ABOUT INCREASED RISK OF C.DIFF
- INCREASED RISK OF CKD
- INCREASED RISK OF OSTEOPOROSIS
- DECREASED B12 AND MAGNESIUM

20

DEPRESCRIBING.ORG

SHOULD I KEEP TAKING MY ACID REFLUX MEDICATION?

A consult decision aid for you to discuss whether to continue your proton pump inhibitor (PPI)

1. Why am I being offered this choice?

YOU HAVE TAKEN A PPI FOR AT LEAST 4 WEEKS (to treat mild/moderate heartburn or acid reflux)	Acid reflux happens when acid from your stomach travels into your esophagus (a tube that connects the mouth to the stomach). The acid causes heartburn, pain in the throat or trouble swallowing. PPIs stop release of acid in the stomach.
YOU HAVE NO SYMPTOMS	PPIs resolve symptoms and heal about 60 to 80% of patients after 4 to 8 weeks. Some people may not need to keep taking PPIs long-term. Guidelines suggest using the lowest effective dose for the shortest duration.
YOU DO NOT HAVE A REASON TO STAY ON A PPI LONG-TERM	Certain people need PPIs long-term (for example, those taking regular NSAIDs* those with a history of a stomach bleed, Barrett's esophagus or severe inflammation in their esophagus) it is not be suitable for these people to stop their PPI.

*NSAID = non-steroidal anti-inflammatory drugs (e.g. ibuprofen (Advil), naproxen (Aleve))

2. What are your options?

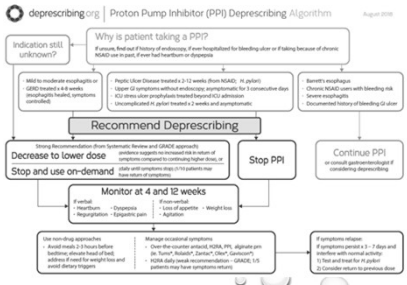
- Continue taking your PPI as you are now
- Use a lower dose of PPI
- Stop and use PPI "on-demand"(only when you have symptoms, for as long as it takes for symptoms to go away, then stop)

3. Rate the importance of benefits and harms of each option

CONTINUE VS. LOWER DOSE

21

DEPRESCRIBING.ORG



22

ARE THESE THE RIGHT MEDS?
THIS ONE <u>ALWAYS</u> NEEDS TO GO!

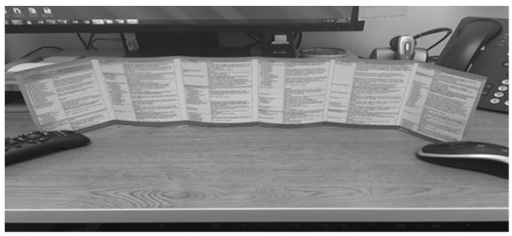
- BENADRYL® (DIPHENHYDRAMINE) IS BAD!
- AND UBIQUITOUS!
- ANTICHOLINERGIC SIDE EFFECTS
  - DRY EYES, DRY MOUTH, CONSTIPATION, MENTAL FUZZINESS

23

THE KING OF BAD MEDS!!

Originator of the Beers Criteria
Dr. Mark Beers: 1955-2009

24



BEERS LIST POCKET CARD

25

BEERS LIST POCKET CARD

26

WHAT TO KNOW ABOUT BEERS LIST

- THINK OF BEERS CRITERIA AS A **WARNING LIGHT**
  - WHY IS PATIENT TAKING THE DRUG; IS IT TRULY NEEDED?
  - ARE THERE SAFER AND/OR MORE EFFECTIVE ALTERNATIVES?
  - DOES PATIENT HAVE PARTICULAR CHARACTERISTICS THAT INCREASE OR MITIGATE RISK OF THIS MEDICATION?
- ACTIVELY ASSESS FOR SYMPTOMS, AND ASSESS WHETHER THESE COULD BE RELATED TO MEDS

27

EXAMPLES OF MEDICATIONS ELIGIBLE FOR DEPRESCRIBING

- BISPHOSPHONATES
  - AFTER 5+ YEARS OR IF CKD
- ANTI-ALLERGY
  - OLDER FOLKS GENERALLY OUTGROW ALLERGIES
- PPIS AND H_2 ANTAGONISTS
  - A MARKER OF A HOSPITALIZATION
- ACHEI (DONEPEZIL) AND MEMANTINE
  - ARE THEY REALLY DOING ANYTHING?
- IRON
  - DO THEY HAVE IDA? HAVE YOU CHECKED ?
- ANTIPSYCHOTICS
  - ARE THEY REALLY "PSYCHOTIC"?

28

SO WHAT ARE THE RIGHT MEDS? TIPS TO MAKING GOOD CHOICES:

29

CONSTIPATION TREATMENT: FROM BEST TO WORST

- LIFESTYLE MODIFICATIONS
  - SCHEDULED VOIDS, INCREASED WATER INTAKE, FIBER DIET
- OSMOTIC LAXATIVE (MIRALAX®) --CAN BE SCHEDULED OR PRN
- STIMULANT LAXATIVE (SENNA) -- CAN BE SCHEDULED OR PRN
- DULCOLAX® SUPPOSITORY
- TAP WATER ENEMA
- EVALUATE FOR NEED FOR DISIMPACTION

30

CONSTIPATION TREATMENT:

- FACT!: COLACE® IS WIMPY
  - NO BETTER THAN PLACEBO
- IF ON OPIOIDS,
  - MUST HAVE SCHEDULED SENNA OR MIRALAX®
  - NOT PRN!!!

31

Choosing Wisely
An initiative of the ABIM Foundation
ConsumerReportsHealth
amda
ABIM FOUNDATION

Cholesterol drugs for people 75 and older

When you need them—and when you don't

Your body makes a waxy substance called cholesterol. You also get it from food. Your body needs it, but too much cholesterol in your blood can clog your arteries. This increases your risk of heart disease, heart attack, and death. Statins are drugs that lower your cholesterol. But if you are age 75 or older and you haven't had symptoms of heart disease, statins may be a bad idea. Here's why:

Adults age 75 and older may not need statins. Many older adults have high cholesterol. Their doctors usually prescribe statins to prevent heart disease.

But for older people, there is no clear evidence that high cholesterol leads to heart disease or death. In fact, some studies show the opposite—that older people with the lowest cholesterol levels actually have the highest risk of death.

Statins have risks. Compared to younger adults, older adults are more likely to suffer serious side effects from using statins.

Statins can cause muscle problems, such as aches, pains, or weakness. Rarely, there can be a severe form of muscle breakdown.

In older adults, statins can also cause:
- Falls
- Memory loss and confusion
- Nausea, constipation, or diarrhea

STATINS IN OLDER ADULTS

32

5

Don't routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.

There is no evidence that hypercholesterolemia, or low HDL-C, is an important risk factor for all-cause mortality, coronary heart disease mortality, hospitalization for myocardial infarction or unstable angina in persons older than 70 years. In fact, studies show that elderly patients with the lowest cholesterol have the highest mortality after adjusting other risk factors. In addition, a less favorable risk-benefit ratio may be seen for patients older than 85, where benefits may be more diminished and risks from statin drugs more increased (cognitive impairment, falls, neuropathy and muscle damage).

amda
The Society for Post-Acute and Long-Term Care Medicine

33

USPSTF RECOMMENDATIONS:

USPSTF Recommendation: Statins for Primary Prevention of Cardiovascular Disease in Adults — US Preventive Services Task Force — **Clinical Review & Education**

Population	Recommendation	Grade
Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (CVD) risk of 10% or greater	The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.	B
Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year CVD risk of 7.5% to less than 10%	The USPSTF recommends that clinicians selectively offer a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 7.5% to less than 10%. The likelihood of benefit is smaller in this group than in persons with a 10-year risk of 10% or greater.	C
Adults 76 years or older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of initiating a statin for the primary prevention of CVD events and mortality in adults 76 years or older.	I

USPSTF indicates US Preventive Services Task Force.

34

STATINS IN GERIATRICS

- MOST OLDER OR FRAIL PATIENTS ARE EXCLUDED FROM DRUG TRIALS SO LITTLE DATA
- STUDIES SHOW THAT OLDER PATIENTS WITH THE LOWEST CHOLESTEROL HAVE THE HIGHEST MORTALITY AFTER ADJUSTING FOR OTHER RISK FACTORS.
- VB SAYS: IF YOU ARE GOING TO HAVE A PATIENT ON A STATIN, AT LEAST CHECK THE LIPIDS ONCE IN A WHILE…

35

JAMA Network

From: **Statins, Mortality, and Major Adverse Cardiovascular Events Among US Veterans With Chronic Kidney Disease**

JAMA Netw Open. 2023;6(12):e2346373. doi:10.1001/jamanetworkopen.2023.46373

Table 3. Association of Statin Initiation and Risks of All-Cause Mortality and MACE in Eligible Person-trials of US Veterans Older Than 65 Years With Moderate CKD Diagnosis in the Previous 5 Years Between 2005 and 2017

Outcome	Events, No./person-trials at risk, No.		HR (95% CI)[a]	*P* value
	Statin initiators	Non-statin initiators		
Primary outcome: all-cause mortality	774/2924	47 743/151 243	0.91 (0.85-0.97)	.003
Secondary outcome: MACE[b]	988/2924	56 734/151 243	0.96 (0.91-1.02)	.21

Abbreviations: CKD, chronic kidney disease; HR, hazard ratio; MACE, major adverse cardiovascular event.

[a] Confidence intervals computed using 500 nonparametric bootstrap resamples.

[b] Time to first transient ischemic attack or stroke, myocardial infarction, revascularization, or death.

Table Title:

Association of Statin Initiation and Risks of All-Cause Mortality and MACE in Eligible Person-trials of US Veterans Older Than 65 Years With Moderate CKD Diagnosis in the Previous 5 Years Between 2005 and 2017Abbreviations: CKD, chronic kidney disease; HR, hazard ratio; MACE, major adverse cardiovascular event.

[a] Confidence intervals computed using 500 nonparametric bootstrap resamples.

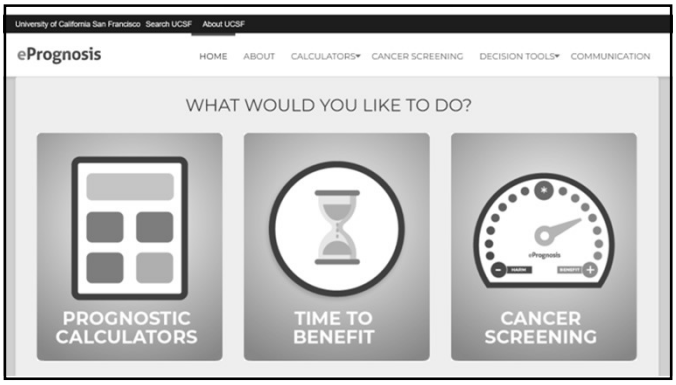
[b] Time to first transient ischemic attack or stroke, myocardial infarction, revascularization, or death.

36

AGS AND ALA ARE WORKING ON SOMETHING…

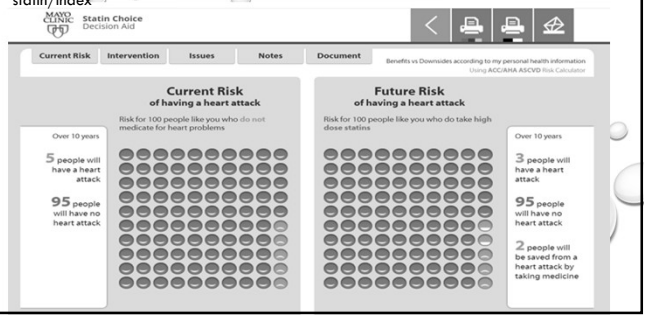
- 2023 AGS MEETING: AGS AND ALA WORKING ON RECS FOR WHAT TO FOR LDL >70
- FINAL RECS PENDING BUT LIKELY RECOMMENDING A STATIN IF >5 YR LIFE EXPECTANCY
- A CAC SCORE MAYBE HELPFUL
  - BUT ONLY IS ZERO
- ***ARE YOU GOING TO STOP YOU STATIN ON YOUR 76TH BIRTHDAY???***

37

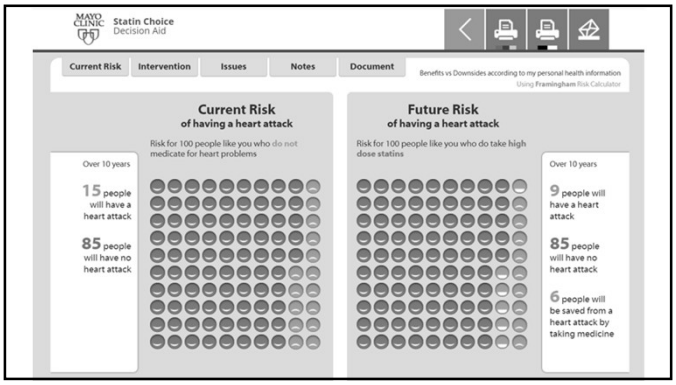


38

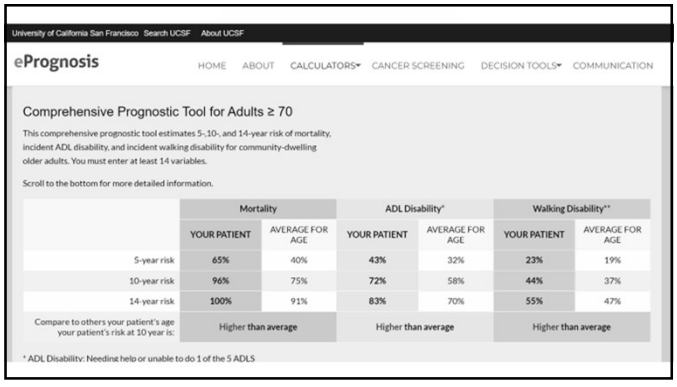
https://statindecisionaid.mayoclinic.org/https://statindecisionaid.mayoclinic.org/statin/index statin/index



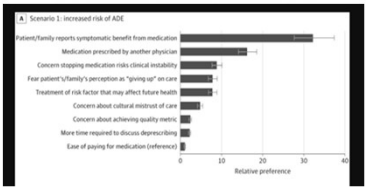
39



40



41



42

STARTING MEDICATIONS IS LIKE THE BLISS OF MARRIAGE

AND STOPPING THEM IS LIKE THE AGONY OF DIVORCE.

Doug Danforth

43

"Ask your doctor if this pill is wrong for you."
– Dr. Derelie (Dee) Mangin
Professor, Department of Family Medicine, McMaster University [61]

44

DON'T FORGET THE PILL BOX!

- ENCOURAGE YOUR PATIENTS TO USE A PILL BOX
- ENCOURAGE USE OF A SINGLE PHARMACY
- HAVE A PHARMACIST THAT YOU CAN CALL

45

Jasper loves his pill box

46

FOR FUN!!

YOU TUBE: BOHEMIAN POLYPHARMACY

47

- US DEPRESCRIBING RESEARCH NETWORK: DEPRESCRIBINGRESEARCH.ORG
- WWW.DEPRESCRIBINGNETWORK.CA (CANADIAN DEPRESCRIBING NETWORK)
- HTTP://MEDSTOPPER.COM (BASED AT THE UNIVERSITY OF BRITISH COLUMBIA)
- HTTPS://TAPERMD.COM/ (BASED AT MACMASTER UNIVERSITY, ONTARIO, CA)

- DON'T FORGET ABOUT THESE RESOURCES FRO YOUR PATIENTS;
  - GOODRX.COM
  - COSTPLUSDRUGS,COMN
  - NEEDYMEDS.COM

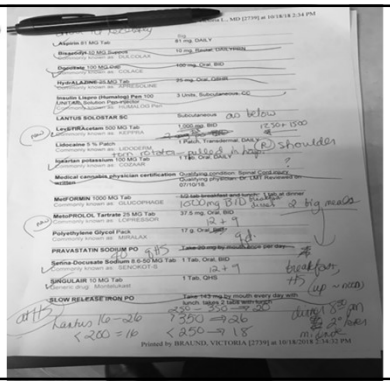
48

THANK YOU FOR YOUR ATTENTION AND FOR YOUR CARE OF OLDER ADULTS.

VBRAUND@NORTHSHORE.ORG

49

50



51

MEDICATION CONSIDERATIONS

- UNDERUTILIZATION OF APPROPRIATE MEDS
  - STATINS
  - BP MEDS
  - VITAMIN D
- OVERUTILIZATION OF MEDS
  - STATINS??
  - PLAVIX (FOR EXTENDED TIME)
  - PROTON PUMP INHIBITORS
  - BISPHOSPHONATES AFTER 5 YEARS

52

- MODEST BENEFIT
- CAN BE SIGNIFICANT SIDE EFFECTS
  - NAUSEA
  - LACK OF APPETITE
  - WEIGHT LOSS
  - INCONTINENCE

CHOLINESTERASE INHIBITORS

53

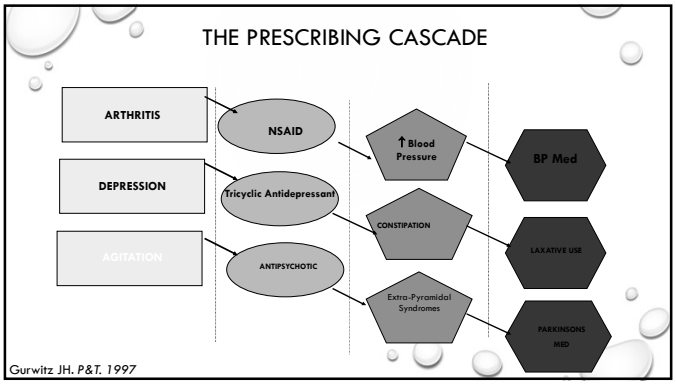
EXAMPLES OF MEDICATIONS ELIGIBLE FOR DEPRESCRIBING

- BISPHOSPHONATES
- ANTIALLERGY (SEASONAL)
- PPIS
- H_2 ANTAGONISTS
- ACHEI
- MEMANTINE
- IRON
- ANTIPSYCHOTICS
- ANTIDEPRESSANTS

54


"I feel a lot better since I ran out of those pills you gave me"

55


THE PRESCRIBING CASCADE
ARTHRITIS
NSAID
↑ Blood Pressure
BP Med
DEPRESSION
Tricyclic Antidepressant
CONSTIPATION
LAXATIVE USE
AGITATION
ANTIPSYCHOTIC
Extra-Pyramidal Syndromes
PARKINSONS MED
Gurwitz JH. P&T. 1997

56