

Editorial

Deprescription—Remove the Barriers

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Deprescription or prescription metabolism is a burning issue nowadays. It is defined as the process of reconstructing multiple medication use by review and analysis and which concludes with dose modification, replacement or elimination of some drugs or addition of others.¹ According to Scott et al² it is a structured approach to drug discontinuation. Elderly patients are prescribed more medications due to their multiple comorbidities. There is a steady and significant rise of polypharmacy over the past decade. Older patients have altered pharmacokinetics and pharmacodynamics. Multiple drugs used in these patients may give rise to many adverse reactions and drug-drug interactions. One study showed that 44% of patients were prescribed at least one unnecessary drug during discharge from hospital.³ It was also found that approximately 1 in 4 older patients admitted to hospitals are prescribed at least one inappropriate medication, and up to 20% of all inpatient deaths are due to potentially preventable adverse drug reactions.⁴ Deprescription is needed to reduce these unwanted events and to correct polypharmacy. There are several tools to screen these patients and reviewing medicines such as IMPACT tool, STOP/START tool, NO TEARS, 7-steps approach, Beers criteria etc.⁵

There are many barriers for deprescription. The prescriber's beliefs, attitudes, knowledge, skills and behavior, work environment including work setting, health system and cultural factors may go against deprescription.⁶ Prescriber may be aware of the inappropriate prescription but may have inertia to remove the unnecessary drugs due to fear of negative consequences of change. Prescribers may also feel difficulty in maintaining professional etiquet while approaching for deprescription in cases of prescriptions done by other physicians. This may be due to poor communication among multiple prescribers involved in patient care. In many countries

role of pharmacists as a part of multidisciplinary team is very less. But pharmacy-led interventions was found to have positive impact on appropriate prescription.⁷ Poor documentation by the prescribers is also a big hindrance as other doctors face difficulty understanding the reasons of prescribing and continuation of prescribed drugs. Lack of evidence-based guidelines regarding treatment of geriatric patients is also responsible for proper deprescription.

Regarding patients, the most important barriers are their resistance to change or reduce the drugs and poor acceptance of alternative therapy.⁸ Patients are worried about withdrawal syndrome, symptom relapse or deterioration of the disease condition. Lack of proper counseling may cause dissatisfaction of the patient. Patients may also feel that physicians had given up on them. Sometimes non-pharmacological options or therapeutic alternatives are not available for various diseases, which may hinder deprescription. Fragmented sources of care are another problem which may complicate the decision to deprescribe. Patients may have cognitive impairment and thus reduced awareness about the adverse effects of drugs.

There are some system barriers for deprescription.⁹ Issues in healthcare policy and finance like resource availability, performance metrics and reimbursement can prevent deprescribing. Lack of access to diverse interprofessional team members such as pharmacists, nurses and physicians along with social workers and care coordinators may make the deprescription process complex. Health information technology should be appropriate and up to date for changing prescription regimens.

Deprescription should be done judiciously in a planned approach and step by step. Several studies showed that deprescription reduced average number of drugs consumed, mortality, referrals requiring emergency

care and health care cost with health improvement.^{10,11}

Physicians should have appropriate knowledge, skill and experience for effective deprescription. Family, social and psychological context of patients should be considered. Both physicians and patients should be aware of adverse effects of stopping or reducing drugs and patients should be closely monitored. Successful deprescription needs a good partnership between physicians and patients and regular review with constant support from healthcare professional. Multifaceted approach should be employed to reduce or remove the barriers which can help effective deprescribing in clinical practice.

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