Pharmacist-led Deprescribing of Potentially Inappropriate Medication in a Memory clinic: the DePIMM feasibility study

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Background

Inappropriate prescribing is prevalent, and associated with increased risk of mortality, in people with cognitive impairment.[1-3]

There have been no deprescribing intervention studies in this setting.

Aim

To evaluate the feasibility and acceptability of a pharmacist-led, multidisciplinary deprescribing intervention in a memory clinic.

Intervention

Comprehensive pharmacist medication review in patients' homes, with a focus on identifying inappropriate or unnecessary medications.

- The pharmacist collaborated with the patient, carer, memory clinic, general practitioner (GP) and community pharmacist to develop a plan for optimising medication use.

Methods

Study design:

Mixed-methods, pre- and post-intervention feasibility study.

Setting:

A memory clinic at a tertiary care hospital in Melbourne.

Participants:

English-speaking, community-dwelling patients with risk-factors for medication-related problems, or their carers.

Pharmacist-led deprescribing in a memory clinic setting is feasible and well accepted by stakeholders

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Methods *(continued)*

Outcomes measures:

The primary outcomes were feasibility of recruitment and deprescribing:

i. proportion of eligible patients who consented, and
ii. proportion of inappropriate or unnecessary medications deprescribed (reduced or ceased) at six months.

Stakeholder acceptance of the pharmacist intervention was obtained through a patient questionnaire, GP survey, and a focus group/interviews with memory clinic staff.

The focus group and interviews were thematically analysed.

Results

82 eligible patients attended the memory clinic during the 6 month recruitment period.

50 (61.0%) consented to participate, and 46 received the intervention.

- Median (IQR) age: 80.5 (71.5-85.0) years.
- Median (IQR) number of medications: 11.0 (8.0-13.3).

The pharmacist recommended deprescribing 124 medications.

- 53 (42.7%) of these were ceased or dose-reduced at the six month follow-up.

Stakeholder acceptance was high:

- 92% patients/carers and 90% GPs agreed that a pharmacist review should be part of the memory clinic service.

Memory clinic staff felt that pharmacist reviews were beneficial. Four themes emerged:

- *Scope*: Is deprescribing within scope of memory clinic's role?
- *Communication*: Challenges collaborating with GPs.
- *Patient-centred care*: Holistic care; patient benefits.
- *Logistics/resources*: Timing of pharmacist review; funding.

Conclusion

Pharmacist-led deprescribing in a multidisciplinary memory clinic is feasible and acceptable to stakeholders.

References:

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2. Cross AJ, et al . *Drugs Aging* 2016; 33: 37-44
3. Cross AJ, et al. *J Alzheimers Dis* 2017; 60: 349–58

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