HealthPathways Melbourne

Putting knowledge into practice

CASE STUDY 26:

HealthPathways assistance with deprescribing

Luigi, 82, presents to his GP for a check-up after a hospital admission caused by a fall which resulted in a fractured neck of femur.

This was Luigi's third fall in as many years. He had an open reduction and internal fixation of the fracture, and is recovering well. He was started on several new medications while in hospital, and asks the GP if he really needs to take all of these tablets.

Luigi has a history of type 2 diabetes, hypertension, and knee osteoarthritis. His conditions are very well controlled. However, he has joint pains most days, which limit his activity.

Before he went to hospital, he was taking these medications:

- Amlodipine, 10mg daily
- Atorvastatin, 20mg daily
- Ibuprofen, 200mg qid prn
- Metformin, 1g bd
- Omeprazole, 20mg daily
- Perindopril 10mg, daily
- Paracetamol 1g, qid prn

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During his hospital admission, Luigi was started on the following medications:

- Calcium carbonate, 600mg daily
- Colecalciferol, 1000IU daily
- Denosumab, 60mg SCI six-monthly

He was also prescribed Tapentadol 50mg immediate release tablets for pain relief, which he used for a few days after discharge and ceased.

Luigi is widowed, and lives with his son and his family. He manages his personal activities of daily living, and helps with household chores.

The GP consults the HealthPathways Melbourne Deprescribing pathway, and goes through Luigi's list of medications to identify any that come in combined formulations.

Luigi agrees with combining his Amlodipine and Perindopril tablets, and calcium and vitamin D tablets, reducing his pill burden by two a day.

The GP asks Luigi the reason he is taking omeprazole. He says he takes it to reduce dyspepsia symptoms from ibuprofen, which he has once or twice a day most days to control pain.

He takes paracetamol as needed, typically twice a day.

He has been reluctant to engage in physical therapy, in spite of encouragement from his GP and family, because he is worried it will make his pain worse. However, he has been managing post-operative rehabilitation well, and is now willing to try a program for his arthritis.

The GP consults the Hip and Knee Osteoarthritis pathway, and refers Luigi to a GLA:D program, an education and exercise program. The GP also suggests that he try taking higher dose controlled-release paracetamol tablets, which might enable him to minimise his use of ibuprofen and omeprazole.

Three months later Luigi returns to the GP and reports improvement in his knee pain. He is now taking ibuprofen much less frequently, and has been able to cease omeprazole. He has also continued a weekly exercise program.

He appreciates his reduced pill burden, which has resulted in fewer side effects from medications and an enhanced quality of life.

Eighteen months later, Luigi presents after another fall. He did not suffer any fractures this time, but is feeling increasingly tired and frail in spite of his regular exercise program.

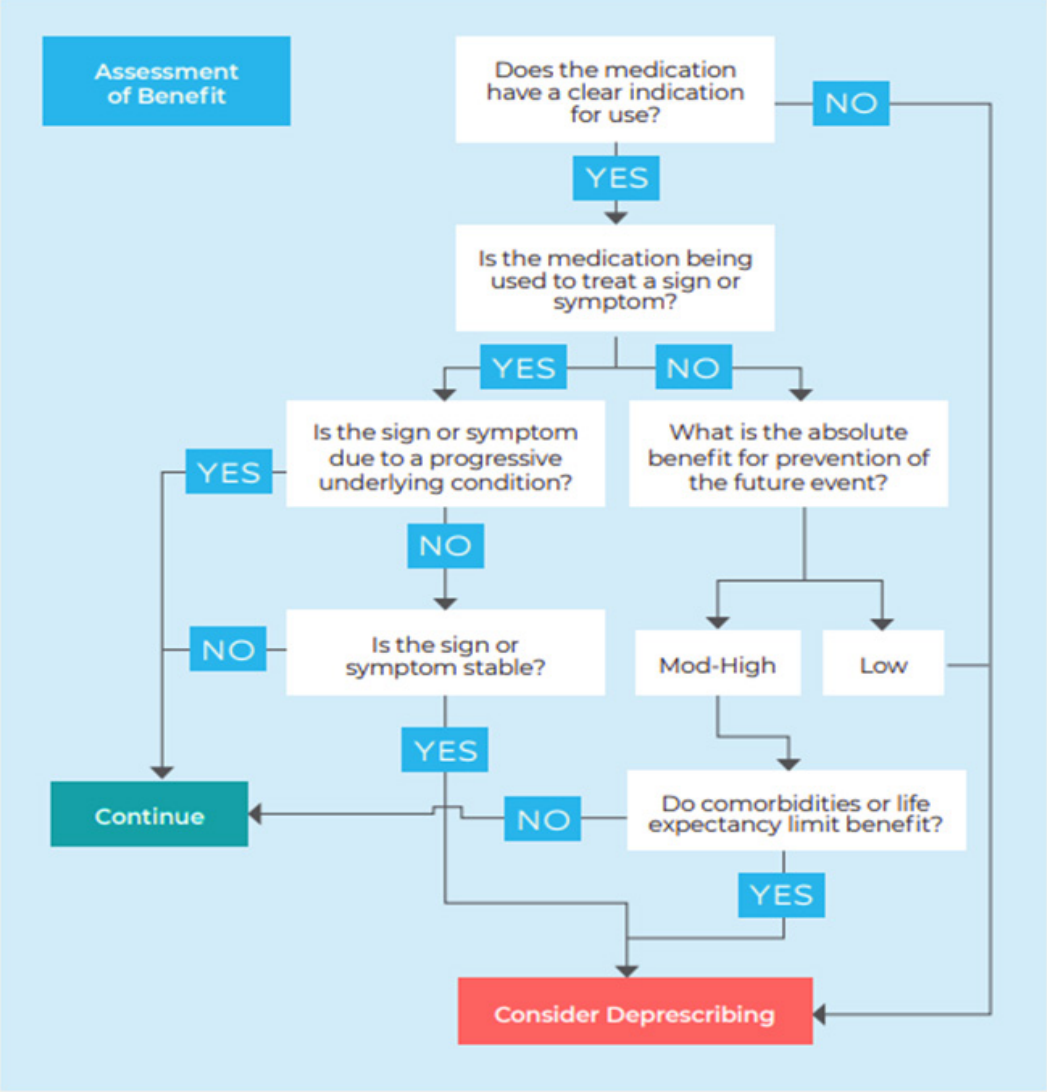
He asks if the GP can stop any more tablets. The GP refers to the Deprescribing pathway again, and looks at the flowchart titled *Considering deprescribing in terms of benefit of a medication (see next page).*

The GP reflects on aligning Luigi's treatment with his goals of care and life expectancy, and identifies Atorvastatin as a medication that could be ceased.

Using information from the deprescribing guide for statins, the GP initiates a shared decision making discussion with Luigi. The GP also suggests a Medication Management Review with Luigi's pharmacist, to identify side effects, adherence barriers, and drug interactions with his medication regimen.

CASE STUDY 26:

Figure 1: Considering deprescribing in term of benefit of a medication



Source: This diagram appears in A Guide to Deprescribing, a resource developed by Primary Health Tasmania.

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Note: Drug information is included in HealthPathways as a guide only. Before prescribing, apply clinical judgement and check all information with a formulary for complete guidance on indications, contraindications, dosing, and drug interactions.