

## S04.2

### **Inappropriate medication use & polypharmacy (IMUP) - Introducing IGRIMUP Symposia Can we relieve family physicians' frustration facing barriers to de-prescribing?**

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**Background:** No Clinical Practice Guidelines (CPGs) exist for the very old, with comorbidity, dementia, frailty and limited life-expectancy (VOCODFLEX). Applying all CPGs to VOCODFLEX increases adverse drug effects (ADEs), inappropriate medication use & polypharmacy (IMUP). Although ADEs has become the 5th leading cause of death and a major cause of morbidity, barriers to de-prescribing (DP) persist the main being emotional/psychological. The myth that drugs can heal everything makes most people feel disappointed if interactions with medical doctors are not translated into prescriptions. "Good doctors" are perceived as expert prescribers who wisely choose the right medication/s to treat diseases. This is heavily fuelled by diagnostic/drug companies whose main initiative is to define more people as "non-healthy", and therefore "must take medications". Family physicians (FP) may be afraid: not to follow CPGs even realizing that they have no positive benefit/risk ratio in elderly, particularly VOCODFLEX; FP may be afraid of lawsuits; of their superiors if they don't follow CPGs; of the patient/family if they "dare" stop drugs recommended by experts. FP may be frustrated having no EBM RCTs indicating, when and how to de-prescribe safely.

**Methods:** IGRIMUP\* was established in order to join forces of international health professionals to coordinate the "war against IMUP". IGRIMUP goal is to define/promote strategies to reduce IMUP, particularly DP interventions proving beneficial clinical outcomes as presented in IGRIMUP symposia/workshops at the WONCA2016 Copenhagen.

**Conclusions:** Traditional, 20th century EBM RCTs, statistics/computer solutions based on "single disease models", created rigid rules that are useless and inappropriate in VOCODFLEX subpopulations where heterogeneity is huge and life expectancy limited. New research/clinical tools are needed, researches showing improved clinical outcomes following DP, even if not traditionally RCTs, are appropriate enough for encouraging FP to de-prescribe, obviously subject to patient/family preferences and consent.

\*IGRIMUP - International Group for Reducing Inappropriate Medication Use & Polypharmacy