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Deprescribing – why and how to stop using probably useless or potentially harmful medications in the elderly

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Of all activities that take place in general practice, prescribing of drugs has greatest potentials to produce health benefits. However, also for causing harm. Balancing benefits against risks is particularly challenging for elderly patients with multimorbidity, polypharmacy, fraility, and limited life expectancies. Most clinical guidelines are made for single disease management and do not commonly take comorbidity, patients' age or life expectancies into consideration. In clinical practice, a large number of patients take drugs that are either useless, contraindicated or put patients at unacceptable high risk for harm. Contributing to this is that physicians often lack everyday routines for medication reviews and for monitoring needs for continued medication use. Most general practitioners (GPs) also find it much harder to stop than to initiate a treatment. However, for a large number of long-term treatments prescribed for symptom relief, tapering down towards a "pill holiday" while monitoring the patient's illness, is a fundamental clinical procedure for substantiating the need for continued use. Deprescribing, the word used for stopping a particular treatment under the supervision and follow-up by a clinician, is only rarely addressed in guidelines and textbooks. However, in clinical practice, everyday routines for medication reviews and for deprescribing drugs no longer indicated is a prerequisite for high quality prescribing. In a large number of situations it may be useful for a GP to have some "rules of the thumb" to guide both prescribing- and deprescribing decisions. With particular emphasis on elderly patients, a simple "how-to-do-framework" with practical hints for implementing medication reviews and deprescribing routines in daily general practice will be presented.