

Pharmacist Quick Reference Guide

Addressing the hidden risk of cumulative medicines load to reduce harm

The greatest predictor of medicine adverse effects occurring is the number of medicines taken.¹

↑ medicines = ↑ risk of cumulative toxicity = ↑ risk of adverse effects

Pharmacists' role in a person-centred stepwise approach to deprescribing.¹



1. Patient engagement and information gathering

- Obtain and reconcile a best possible medication history (BPMH)
- Discuss the person's goals of therapy with a holistic and culturally safe approach
- Consider the person's frailty and life expectancy
- Identify barriers to the person taking their medicines.



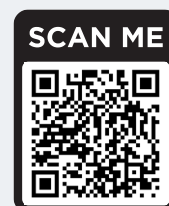
2. Document indications, benefits and potential harms

- Understand what is important to the person
- Discuss the risks and benefits of each medicine
- Identify the necessary or appropriate medicines
- Identify unnecessary or inappropriate medicines
- Review for potential and actual medicine related adverse effects.



3. Determine if medicine(s) can be ceased. Prioritise. Agree and share a plan.

- Target lowest utility/highest risk medicines first
- Utilise tools such as the Veteran's MATES online calculator: [Cumulative Medicine Risk Tool](#) to assist with prioritising medicines
- Discuss preferred options with the person.



Medicine management plan recommendations should:

- Identify medicines to taper, reduce or stop
- Include rationale for prioritising medicines (one medicine is targeted at a time)
- Provide a specific withdrawal or tapering plan if withdrawal reactions are expected or if clinically indicated
- Relay the person's preferred option(s) to the prescriber.

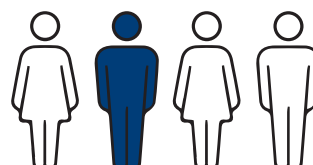
Recommendations to deprescribe can be adapted for each patient and medicine utilising the preferred language described in the [Deprescribing tools - NSW Therapeutic Advisory Group - NSW Therapeutic Advisory Group \(nswtag.org.au\)](#)



4. Monitor, support and document

- Follow-up reviews allow monitoring for withdrawal reactions and to provide ongoing patient support.
- Discuss the appropriate disposal of medicines and assist to remove unnecessary medicines, with the person's informed consent.

25% of patients who take multiple medicines have adverse effects directly attributable to one or more medicines.²



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To identify medicine related adverse effects, consider²:

- Higher risk medicines: e.g. anticholinergics, antipsychotics, diuretics, antidepressants, opioids, and non-steroidal anti-inflammatory drugs (NSAIDs)
- Specific symptoms or laboratory markers (e.g. hypokalaemia)
- Medicines used to treat adverse reactions caused by other medicines (prescribing cascade).

Deprescribing resources:

- Primary Health Tasmania (Tasmania PHN) deprescribing guides to reduce and cease specific classes of medicines: primaryhealthtas.com.au/deprescribingⁱ
- Deprescribing Guides and Consumer Information Leaflets hosted on NSW Therapeutic Advisory Group (TAG) Inc's website: [Deprescribing tools - NSW Therapeutic Advisory Group - NSW Therapeutic Advisory Group \(nswtag.org.au\)](http://Deprescribing%20tools%20-%20NSW%20Therapeutic%20Advisory%20Group%20(nswtag.org.au))
- Veteran's MATES deprescribing tools for GPs and pharmacists: www.veteransmates.net.au/tools
- Deprescribing resources, information for the public and health professionals: www.australiandeprescribingnetwork.com.au
- RACGP aged care clinical guide (Silver Book) 5th ED Part A Deprescribing, 2019: www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/part-a/deprescribing

Tools to assist with deprescribing in the older population:

- The Goal-directed Medication review Electronic Decision Support System (G-MEDSS)ⁱⁱ which includes:
 - the Goals of Care Management Tool
 - the Drug Burden Index (DBI) Calculatorⁱⁱⁱ and
 - the revised Patients' Attitudes Towards Deprescribing Questionnaire (rPATD). Available at: <https://gmedss.com>
- 2023 American Geriatrics Society: Beers criteria⁴
- STOPPFrail (Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy)⁵
- Anticholinergic Cognitive Burden calculator.⁶ Available at: www.acbcalc.com
- START (Screening Tool to Alert doctors to the Right Treatment)⁷
- STOPP (Screening Tool of Older Persons' potentially inappropriate Prescriptions)⁸

Other useful resources:

- PSA Guidelines for [Comprehensive Medication Management Reviews](#)
- Aboriginal Community Controlled Health Organisations [Medicines Management Guidelines](#)
- Australian Commission on Safety and Quality in Health Care (ACSQHC): [Quality Use of Medicines | Australian Commission on Safety and Quality in Health Care](#)
- Australian Commission on Safety and Quality in Health Care (ACSQHC): [Medical reconciliation – resources for obtaining a best possible medication history](#)
- Australian Commission on Safety and Quality in Health Care (ACSQHC): [Comprehensive Care Standard Identifying goals of care: Tips for patients and consumers \(safetyandquality.gov.au\)](#)

References:

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ⁱ These deprescribing guides were developed by Primary Health Tasmania (Tasmania PHN) and Consultant Pharmacy Services under the Australian Government's Primary Health Networks Program.

ⁱⁱ © 2023, Northern Sydney Local Health District and The University of Sydney. All rights reserved. The Goal-directed Medication review Electronic Decision Support System (G-MEDSS), which includes The Drug Burden Index Calculatorⁱⁱⁱ.