

DEPRESCRIBING GROUP

Targeted Deprescribing in Patients with CKD to Decrease Polypharmacy



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Phase 1: The Polypharmacy Problem

Hemodialysis (HD) patients have complex health conditions and are prescribed many medications. Many medications are not reassessed or deprescribed, leading to polypharmacy.





Deprescribing: identify and stop medications whose harms outweigh their potential benefits Polypharmacy: the use of many medications (5 or more)

We analyzed provincial databases to assess medication use in HD units across Canada, and found nine medications of interest:

- Alpha-1 Blockers
- Gabapentinoids
- Quinine

- Benzos
- Proton Pump Inhibitor
- Urate Lowering Agent
- Loop Diuretics
- Prokinetic Agents
- Statins

Phase 1 (2016-17)

Phase 4

(2021-beyond)

Phase 2: The Deprescribing Solution

We developed medication-specific deprescribing tools to help clinicians identify inappropriate medications and guide them in safely stopping or reducing to the lowest possible dose.

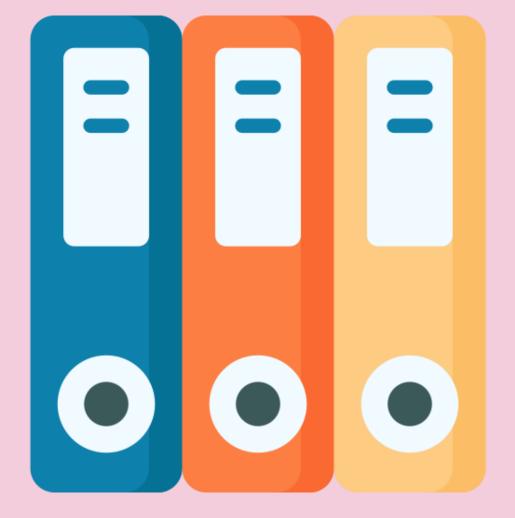
- In the Toolkit: A) Algorithms
- C) Monitoring Tools
- B) Evidence Tables
- D) Patient Info Tools (Videos + Bulletins)

Algorithms: Flow-chart guides to help clinicians make decisions about deprescribing. Evidence Tables: Research summary on each medication's use in patients on HD. Monitoring Tools: Track key symptoms or lab results for each medication. Patient Info Tools: Helps patients understand medications, risks, benefits, and method of stopping medications.



Phase 4: Next Steps

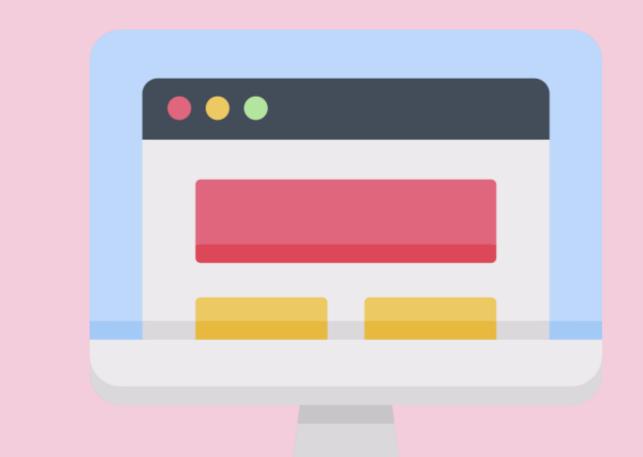
We are working to implement our deprescribing tools in 4 Canadian cities to find out how they will be used in practice. This will inform a future largescale Canadian roll out, letting us share our tools for all Canadians on HD.



Click to see our Clinician's Toolkit!



Click to see our Patient Info Videos!



Click for more info about our project and team!

Phase 3

(2018-21)

Phase 2

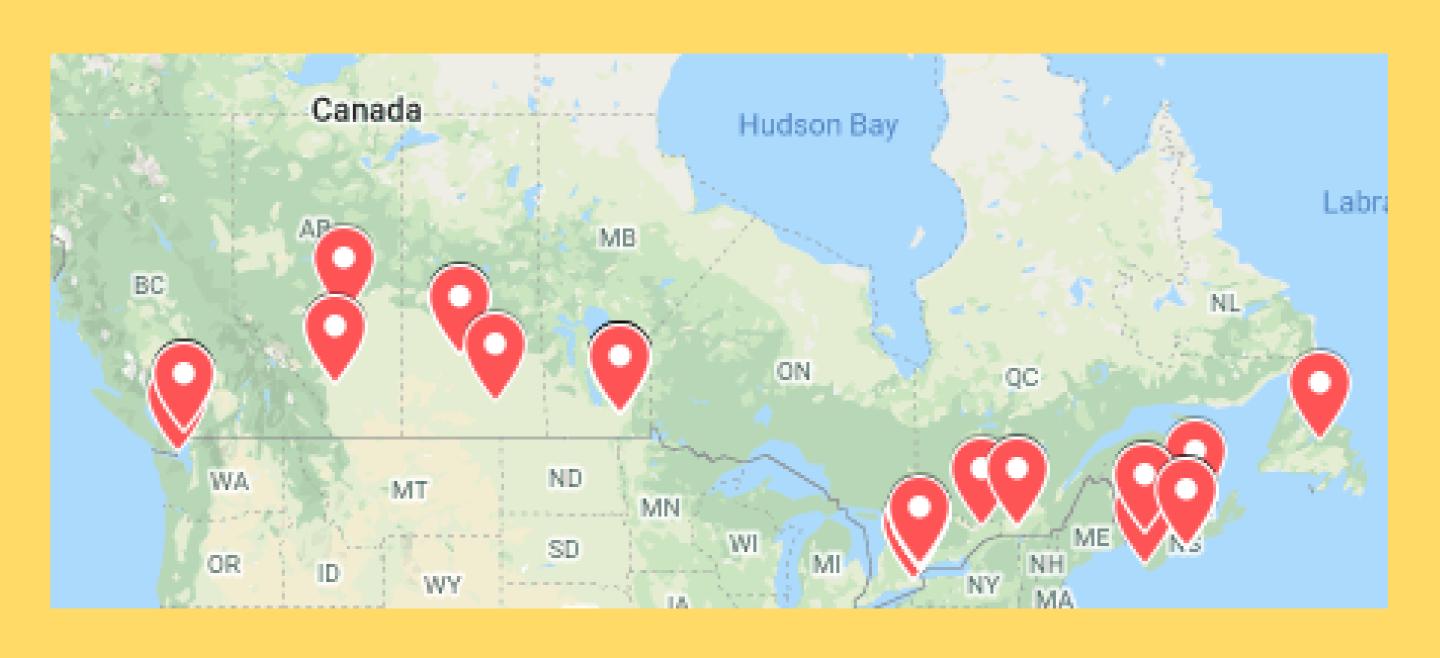
(2016-17)

Phase 3: National Validation

We validated our Algorithms and Patient Into Tools with clinicians and patients across Canada using the Lynn validation method.



70 Canadian clinicians (doctors, nurses, nurse practitioners, pharmacists)





105 Canadian patients on HD from Vancouver, Winnipeg, and Toronto