A novel deprescribing model was applied to each patient by the clinical pharmacist; all patients were referred by other oncologists for a comprehensive geriatric assessment. Patients age 65 and older were assessed in a geriatric oncology clinic from August 1, 2015 to December 31, 2015.

Currently, no model exists for the clinician to guide deprescribing for older cancer patients. Deprescribing may be an effective way to reduce PP and improve patient outcomes and reduce health care costs.

This project received approval from the institutional review board for healthcare sciences research.

OBJECTIVES

- The purpose of this study is to apply a novel deprescribing model to the geriatric oncology patient in the outpatient setting.
- The primary outcome compares the incidence of PIMs identified by the Beers Criteria with a novel deprescribing model.
- Secondary outcomes include mean number of medications, mean number of medications deprescribed, and potential cost avoidance.

METHODS

- Patients age 65 and older were assessed in a geriatric oncology clinic from August 1, 2015 to December 31, 2015.
- All patients were referred by other oncologists for a comprehensive geriatric assessment.
- A novel deprescribing model was applied to each patient by the clinical pharmacist; this model utilizes existing medication screening tools and medication-condition matching (Figure 1).
- Data were organized in the electronic health record (EHR) and medications deemed inappropriate were subsequently discontinued by the geriatric oncologist in real time.
- This project received approval from the institutional review board for health sciences research.

RESULTS

- An average of three medications per patient were deprescribed in this study.
- Patient reported outcome measures are available for several patients, including: fatigue, myalgias, myopathies, lack of benefit; gastrointestinal bleeding, lack of benefit; hypocalcemia, hypomagnesemia, fractures, infections, chronic kidney disease, dementia; and cardiovascular effects.
- Overall better quality of life from reduction in pill burden.
- This novel deprescribing model identified more PIMs than the Beers Criteria alone; out of the medications considered potentially inappropriate, 75% (55/73) were subsequently deprescribed.
- An average of three medications per patient were deprescribed in this study.
- Patient reported outcome measures are available for several patients, including:
  - Reduction in fatigue after stopping statin medications.
  - Decrease in episodes of dizziness and orthostasis after stopping antihypertensives.
  - Overall better quality of life from reduction in pill burden.

DISCUSSION

- Early qualitative data suggests improved patient satisfaction with care after medication review and deprescribing; the authors plan to explore these data as secondary measures moving forward.
- Clinical pharmacy services incorporated within a geriatric oncology clinic may be most effective when working directly with the medical or geriatric oncologist who has the ability to deprescribe medications in real-time.
- Face-to-face education for patients and providers on the benefits of deprescribing is necessary to effectively reduce unnecessary therapies and optimize medication use.
- Patient barriers towards stopping medications included fear of symptoms returning, the need to consult with their primary care provider, and the feeling of physical dependence.
- Limitations of this study include use of the 2012 Beers Criteria, small sample size, and the lack of standardized patient reported outcome measures.

CONCLUSIONS

- This novel deprescribing model can effectively be incorporated into a geriatric oncology clinic in order to identify PIMs and guide medication discontinuation.
- This model can lead to potential cost savings and an improvement in patient reported quality of life.
- The authors plan to perform an additional pilot study assessing medication use in older adults with cancer.
- Future measures will include patient reported outcome measures, antiinfective and sedation medication burden, and overall quality of life.
- Evaluation of the efficacy of deprescribing based on pharmacist proximity in various provider clinics will be assessed.
- This deprescribing model may also be incorporated into clinical decision support in the future in order to streamline the medication discontinuation process.

REFERENCES