Development of a Deprescribing Manual for the COFRAIL-Study

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Background

Frailty
- Increased risk of falls, delirium, hospitalizations

Polypharmacy
- Increased risk of adverse drug reactions (ADRs)

Deprescribing
- Systematic reduction of medication after patient-specific risk-benefit assessment

Purpose
- Development of a deprescribing manual

Methods

Study design: Cluster randomized controlled trial
Population: 136 general practitioners and 621 frail geriatric patients
Intervention: Joint prioritization of treatment by physician, patient and relatives in 3 family conferences and deprescribing of medication with the help of the deprescribing manual
Data collection: Baseline (t₀), after 6 months (t₁) and after 12 months (t₂)
Clinical endpoints: Primary: hospitalization rate, Secondary: medication quality, quality of life, cognitive impairment, etc.

Results

Chapter structure
- Patient criteria
- Medication criteria
- Deprescribing ranking
- Arguments for discussing deprescribing with patient
- Monitoring
- Notes on individual drugs or drug classes
- Excerpts from the literature

11 Indications/Topics
- Diabetes mellitus
- Hypertension
- Heart failure
- Osteoporosis
- Gout
- Antidepressants
- Proton pump inhibitors
- Sleep disorders
- Cardiovascular and cerebrovascular primary and secondary prevention
- Anticoagulation in atrial fibrillation
- Urological indications

Case from the COFRAIL-Study

Medication list (before)
- Torasemide
- Lisinopril
- Bisoprolol
- Omeprazole
- Alendronic acid
- Cholecalciferol

Medication list (after)
- Torasemide
- Lisinopril
- Cholecalciferol

3 drugs were deprescribed during family conference

Discussion

- The manual provides information for physicians to enable the selection of medications to be deprescribed in elderly and frail patients.
- At the same time, the structured information supports the joint decision-making within the family conference.

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