Pharmacist-led deprescribing in primary care: A pilot study

Shanna Trenaman BScH, BSc(Pharm), MAHSR, ACPR, PhD
Postdoctoral Fellow - Geriatric Medicine Research
Department of Medicine, Dalhousie University
shanna.trenaman@dal.ca

Natalie Kennie-Kaulbach, BSc(Pharm), ACRP, PharmD, RPh
University Teaching Fellow
College of Pharmacy, Dalhousie University
Lecturer, Pharmacy Consultant, Dalhousie Family Medicine
Mumford and Spryfield Clinics

Jennifer E. Isenor, BSc(Pharm), PharmD, RPh
Associate Professor
College of Pharmacy, Faculty of Health
Department of Community Health and Epidemiology, Faculty of Medicine
Dalhousie University
Investigator, Canadian Center for Vaccinology
Scientific Staff, IWK Health Centre
Associate Scientist, Maritime SPOR Support Unit

Carole Goodine, BSc(Pharm), ACPR, PharmD
Pharmacy Clinical Manager, Horizon Health Network,
Doctor Everett Chalmers Hospital, Fredericton, New Brunswick

Pamela Jarrett MD, FRPCP, FACP
Geriatrician, Horizon Health Network
Saint John, New Brunswick
Associate Professor of Medicine, Dalhousie University

Melissa Andrew, MD, PhD, FRPCP
Associate professor, Division of Geriatric Medicine, Department of Medicine, Department of
Community Health and Epidemiology, Dalhousie University
Geriatrician, Nova Scotia Health
Halifax, Nova Scotia

Background: Deprescribing is the planned, supervised process of dose reduction or stopping medication(s) that might cause harm, or no longer be of benefit. Pharmacists may play a role in leading deprescribing in primary care.

Purpose: To develop, implement and evaluate an intervention for pharmacist-led deprescribing in collaborative primary healthcare teams.

Methods: Three primary care clinics in Atlantic Canada participated (NCT03903484). The pharmacist-led deprescribing framework targeted eight drug classes but was flexible to accommodate any medication. Patient and practice site engagement tailored the intervention to local context. Healthcare professionals were surveyed pre- and post-intervention for attitudes toward the intervention. Patients were surveyed pre- and post-intervention for their experience and to collect demographic details, medical history, quality of life, and measures of medication use. Analysis included descriptive statistics and assessment of written responses.

Results: Of the 13 participants (53% women, mean 72.5 years) 11 (84.6%) reported comfort with pharmacist involvement prior to the intervention. Patients took an average of 9.3 medications at study entry and 9.0 medications at exit. Zopiclone was the most common target for deprescribing (30.8%). All five participants who responded to the follow-up survey were positive about the experience. Healthcare professionals were positive about the intervention before (n=21) and after (n=5) the study. Challenges with the consenting process and COVID-19 reduced enrollment.

Conclusion: The pharmacist-led deprescribing intervention was acceptable to patients and healthcare providers. Patients reduced use of medications deemed to confer more risk than benefit. Future work needs to assess larger scale implementation and evaluation of pharmacist-led deprescribing.

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