De-Prescribing Protocol

A. Consider de-prescribing when the patient:

1. Presents with a new symptom or syndrome that suggests adverse drug event (ADE)
2. Has end stage disease, terminal illness, dementia, extreme frailty, or is fully dependent on others
3. Is receiving high risk drugs or combinations (opioids, benzodiazepines, anticholinergics, psychotropics, NSAID's, Digoxin, cardiovascular drugs, hypoglycemic agents, anticoagulants)
4. Is receiving preventive drugs for scenarios associated with no increased disease risks
5. Is active using or abusing psychoactive substances
6. Has liver or kidney impairment
7. When risks of the med outweigh its benefits
8. Medication can be replaced by a safer alternative
9. Medication is helping but too many drug-drug interactions
10. An adjunctive psychotropic is no longer needed

B. When de-prescribing, group drugs into 2 categories:

1. Disease and/or symptom control drugs
2. Preventive drugs

C. 5 step protocol

1. Ascertain all drugs being taken and the reasons for each one
2. Consider overall risk of drug-induced harm to determine the required intensity of de-prescribing intervention
3. Assess each drug for its current or future benefit compared with current or future harm potential
4. Prioritize cessation of drugs with the lowest benefit-harm ratio and lowest potential for withdrawal reactions or disease rebound syndromes
5. Implement a D/C regimen and closely monitor for improved outcomes or adverse effects

Source: JAMA Internal Med. 2015:175 (5):827-834. Doi:10.1001/jamainternmed.2015.0324