

- ASPIRIN** ■
- VITAMINS** ■
- STATINS** ■

Deprescribing Tool

Fortify Trust:
Establish a trusting relationship by understanding medical goals of care

Recognize Barriers/Willingness:
Begin by asking an open-ended question

"Do you feel that you are taking too many medications?"

NO
This could be a good opportunity to review the medications that your patient no longer needs.

"Is there a particular medication that worries you?"

Take the opportunity to deprescribe that medication if appropriate

Align with goals of care:
Identify a goal related to doctor visits and/or hospitalizations

ASPIRIN
"I know that staying away from the hospital is important to you. I am worried that continuing to take your aspirin may interfere with that. Aspirin can cause stomach bleeding. I wonder if it is time to stop this medication as I do not think it is providing you additional benefit."

VITAMINS
"I understand that swallowing large pills is difficult for you. Taking so many pills each morning can be a real burden. I wonder if it is time to stop your vitamins as I do not think they are providing you additional benefit."

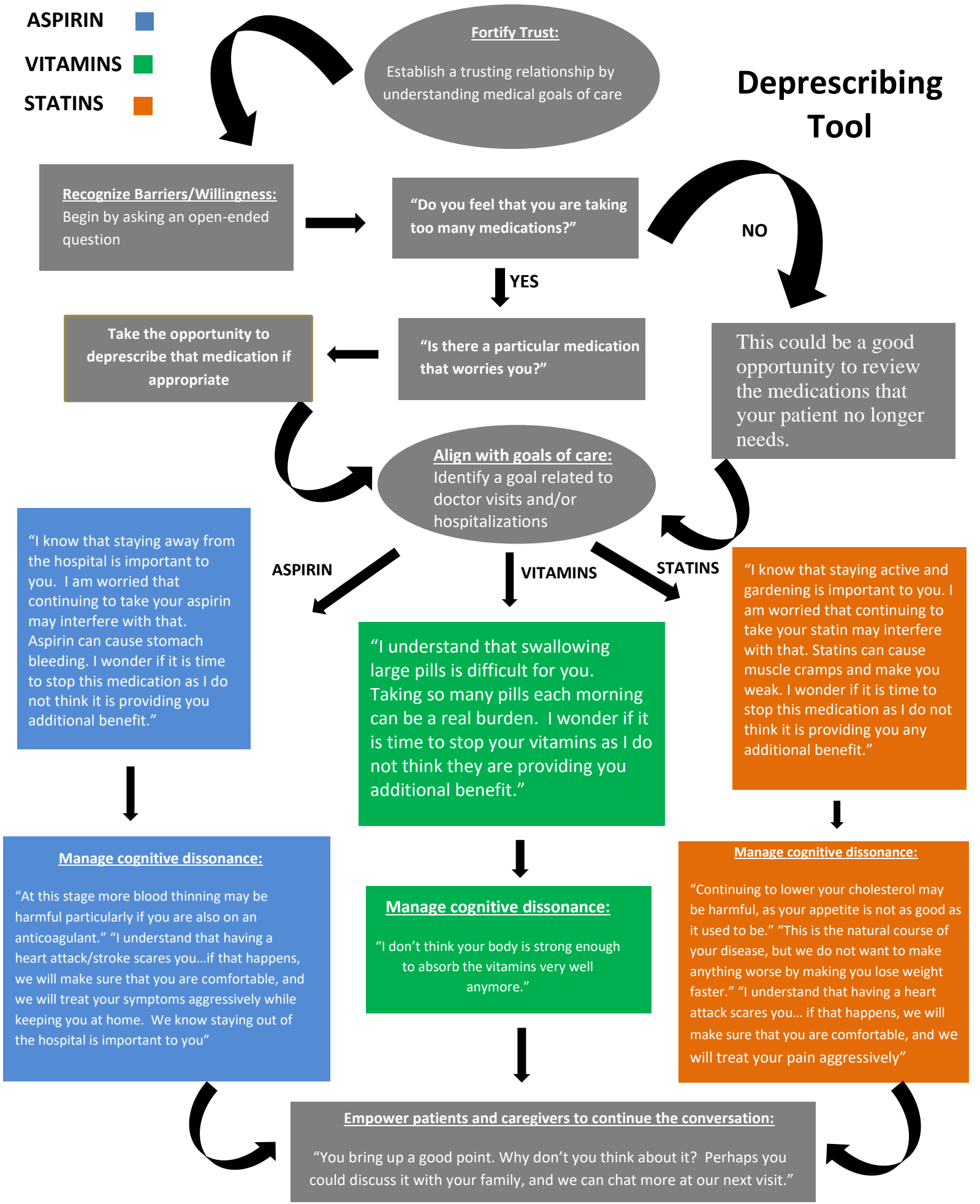
STATINS
"I know that staying active and gardening is important to you. I am worried that continuing to take your statin may interfere with that. Statins can cause muscle cramps and make you weak. I wonder if it is time to stop this medication as I do not think it is providing you any additional benefit."

Manage cognitive dissonance:
"At this stage more blood thinning may be harmful particularly if you are also on an anticoagulant." "I understand that having a heart attack/stroke scares you...if that happens, we will make sure that you are comfortable, and we will treat your symptoms aggressively while keeping you at home. We know staying out of the hospital is important to you"

Manage cognitive dissonance:
"I don't think your body is strong enough to absorb the vitamins very well anymore."

Manage cognitive dissonance:
"Continuing to lower your cholesterol may be harmful, as your appetite is not as good as it used to be." "This is the natural course of your disease, but we do not want to make anything worse by making you lose weight faster." "I understand that having a heart attack scares you... if that happens, we will make sure that you are comfortable, and we will treat your pain aggressively"

Empower patients and caregivers to continue the conversation:
"You bring up a good point. Why don't you think about it? Perhaps you could discuss it with your family, and we can chat more at our next visit."



Evidence for Deprescribing

ASPIRIN

For patients with no prior MI or CVA history, the ACC/AHA does not recommend aspirin for primary cardiac prevention in patients older than 70 years or with high bleeding risk

Bleeding risk increases with age, comorbid conditions, and organ failure

In elderly hospice patients (>75 years) with prior MI or CVA, the risk of disabling or fatal bleeding likely exceeds the benefits of additional cardiac and stroke prevention (secondary prevention)

Aspirin should not be used with warfarin, LMWH, or NOAC due to profoundly increased bleeding risks

*** Would not discontinue in patients with (DES) stent placement in the past 6 months or MI/CVA in the past 3 months

ACC/AHA, American College of Cardiology/American Heart Association; CVA, cerebrovascular accident; DES, drug-eluting stent; LMWH, low-molecular-weight heparin; MI, myocardial infarction; NOAC, novel oral anticoagulant

VITAMINS

General:

No proven effectiveness of vitamins or herbal supplements at the end of life
Do not prevent or treat cardiovascular disease

Cause constipation, nausea, and (if crushed) unpleasant taste

Vitamin D:

ViDA study showed no beneficial effect of Vitamin D on cardiovascular disease, falls, nonvertebral fractures or cancer

Herbal medications:

Often interact with and potentiate adverse reactions of other medications
Can cause gastrointestinal distress
May increase bleeding risks: fish oil, ginger, garlic, *Ginkgo*, vitamin E
Kava: liver damage and significantly interacts with other medications
Licorice and ginseng: increases blood pressure
St. John's wort: significant medication interactions and photodermatitis

STATINS

Low total cholesterol is associated with higher mortality in patients >80 years

Statins carry a high risk of myopathy and weakness/fatigue

Statins do not provide benefit at the end of life. When statins are discontinued, there is no increased risk of cardiovascular events or increased death in patients >75 years

When statins are discontinued, patients have improved quality of life

Resources:

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<https://www.deprescribing.org>.