

Introduction of a Multidisciplinary Program to Deprescribe Sedative Hypnotics (SH) in Patients ≥65 years of age in a large multi-site Family Health Team (FHT)



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What ?

- Choosing Wisely Canada has recommended against the use of benzodiazepines or other SH in older adults as first choice for insomnia, agitation or delirium
- We aimed at introducing a deprescribing program along with CBT-I to help reduce chronic use of SH among adults ≥65 treated in our FHT, composed of 90,000 rostered and 22,000 non-rostered patients under the care of 84 physicians

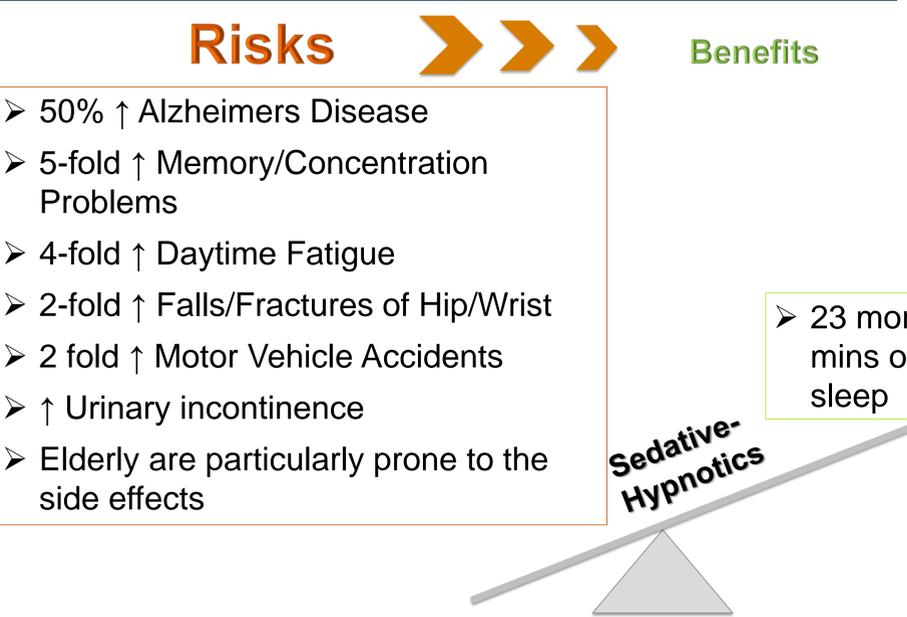
Why ?

Risks

- 50% ↑ Alzheimers Disease
- 5-fold ↑ Memory/Concentration Problems
- 4-fold ↑ Daytime Fatigue
- 2-fold ↑ Falls/Fractures of Hip/Wrist
- 2 fold ↑ Motor Vehicle Accidents
- ↑ Urinary incontinence
- Elderly are particularly prone to the side effects

Benefits

- 23 more mins of sleep

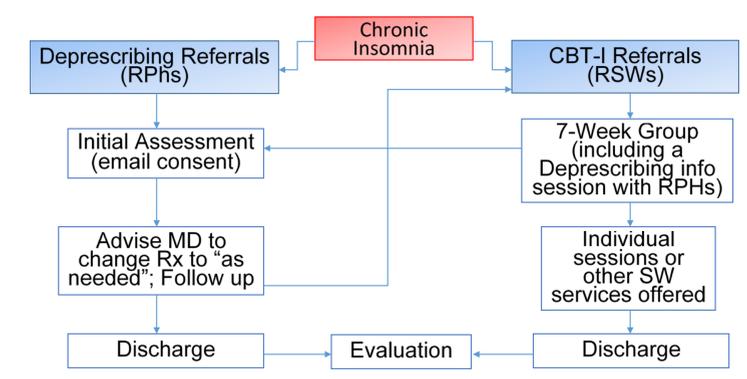


Who ?

- Patients taking a sedative-hypnotic for insomnia. Examples:
 - ☐ Lorazepam (Ativan®) ☐ Diazepam (Valium®)
 - ☐ Clonazepam (Rivotril®) ☐ Oxazepam (Serax®)
 - ☐ Temazepam (Restoril®) ☐ Zopiclone (Imovane®)
- Other underlying comorbidities adequately managed (e.g. anxiety, restless leg syndrome, alcohol withdrawal)

How ?

- An innovative, collaborative, multidisciplinary, 2-prong approach:
 - Deprescribing guidance offered by pharmacists
 - CBT-I group led by the social workers



When and Where ?

- First started in April 2016, this multidisciplinary program is located at the central site of the North York FHT
- Eighty-three (83) patients have been referred to SW for CBT-I and 30 to pharmacists for deprescribing
- Two patients ≥65 completed the CBT-I group **and** met with the pharmacist for deprescribing

Deprescribing by Pharmacists

A Sample Stepwise Tapering Protocol¹

- Pharmacists follow-up every 1-4 weeks
- Monitor withdrawal
- Adjust tapering pace, trouble-shoot
- Address patient's questions/concerns
- Among 28 patients who discussed and followed up with the pharmacist, 18 (64%) either reduced their usage (13) or completely abstained (5)

WEEKS	TAPERING SCHEDULE						
	MO	TU	WE	TH	FR	SA	SU
1 and 2	●	●	●	●	●	●	●
3 and 4	●	●	●	●	●	●	●
5 and 6	●	●	●	●	●	●	●
7 and 8	●	●	●	●	●	●	●
9 and 10	●	●	●	●	●	●	●
11 and 12	●	●	●	●	●	●	●
13 and 14	●	●	●	●	●	●	●
15 and 16	×	●	×	×	×	×	●
17 and 18	×	×	×	×	×	×	×

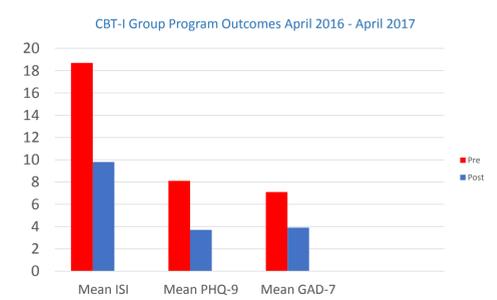
EXPLANATIONS
 ● Full dose ● Half dose ● Quarter of a dose × No dose

CBT-I by Social Workers

- CBT-I is a 7-week program using a multidisciplinary and collaborative approach
- The group intervention is unique as it uses a CBT-I intervention by social workers, as well as education by a dietician and a pharmacist with option to taper off SHs
- CBT-I has been found to be effective with improved sleep and can be combined with a supervised tapering of SH to help mitigate the long-term risks
- The program was evaluated using pre and post measures for depression (PHQ-9), anxiety (GAD-7) and sleep quality (ISI)

Results

- Since April 2016, 15 patients aged ≥65 have completed the CBT-I group therapy program
- 11 (78.5%) reported an improvement in mood (62% decrease in PHQ-9)
- 10 (71%) reported a reduction in anxiety (54.8% decrease in GAD-7)
- 11 patients (78.5%) reported an improvement in sleep quality (55% decrease in ISI)



Barriers

- Accurate identification of patients using SH on EMRs
- Readiness of physicians to refer to the program
- Readiness of patients to change and other priorities (e.g. comorbidities, capacity)

Next Steps

- Promoting CBT-I program e.g. developing brochure
- Increase the number of groups offered per year
- Spreading lessons learned, ongoing program development and evaluation

References

¹Tannenbaum C. Canadian Institute of Health Research, McGill University, Institut universitaire de gériatrie de Montréal, Université de Montréal. You may be at risk. 2014 (Accessed online on Dec 11, 2015, at: <http://www.criugm.qc.ca/fichier/pdf/BENZOeng.pdf>)