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Growing the Ability to Deliver Quality Healthcare to American Indian and Alaska Native People.

Prioritizing Medications for Persons with Dementia: “Good” drugs, “bad” drugs, right time, right patient

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Disclosures

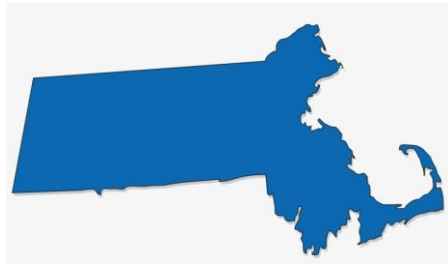
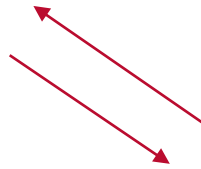
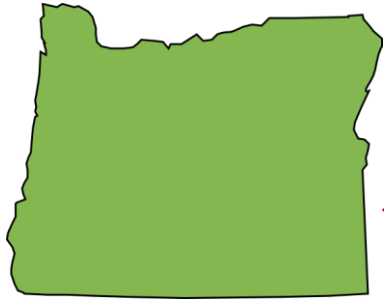
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I LOVE getting rid of medications on my patients' med lists

A bit about me!



School of Medicine
General Internal Medicine

OREGON



GWEP



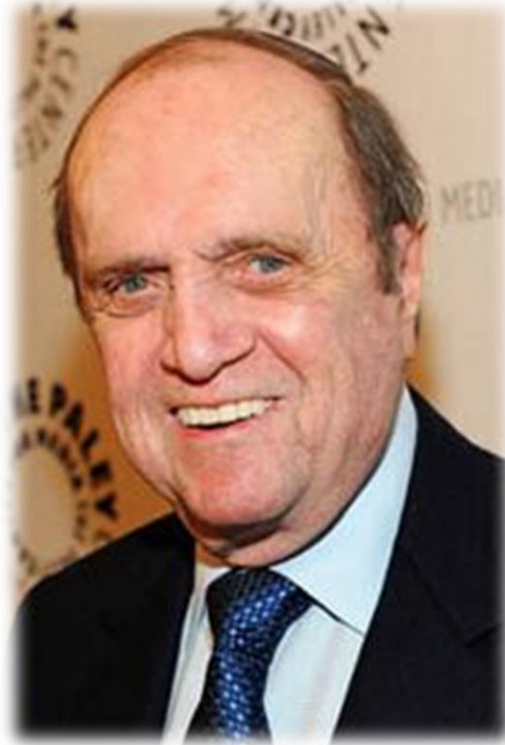
School of Medicine
MD Program

“Dr. Byerly, it just seems to me that with the time they spend teaching us how to prescribe, that they should spend as much time teaching us how to de-prescribe.”
- Wise medical student (Class of 2024)

Objectives

1. Identify **barriers** to deprescribing for persons with cognitive impairment
2. Identify **opportunities** to engage in a conversation about polypharmacy with persons with dementia
3. Describe the importance of **exploring patient, family, and provider priorities** regarding prescribing
4. Describe each letter in the acronym **NURSES** for empathy and communication in deprescribing

Prescribing Barriers and Opportunities



"I still feel thirty, except when I try to run."

Swimming against the tide



Volume

Expectations

Culture

Deprescribing Barriers and Concerns

Patient

- Resistance and hesitations
- Unrealistic expectations
- Provider “giving up” on them
- Limited opportunities to discuss with provider
- Giving up control

Provider

- “Why fix what’s not broken?” attitude
- Symptoms coming back
- Possibility of withdrawal
- Medications prescribed by another provider
- Perceived as “not providing care”
- Time constraints
- Knowledge/skills

Cultural/Systemic issues

- Marketing influence
- Disease specific guidelines
- More = better
- Environmental milieu
 - Family/Tribal preferences
 - Community values

Deprescribing Barriers in Persons with Dementia



INADEQUATE
GUIDELINES



INCOMPLETE
HISTORY &
COLLATERAL INFO



LACK OF TIME



DECREASED
DECISION MAKING
CAPACITY



COMMUNICATION
CHALLENGES (W/
PATIENT,
CAREGIVERS, TEAM)



LACK OF CLEAR
GOALS OF CARE



DEMENTIA
MEDICATION-CAUSED
PRESCRIBING
CASCADES



HOPE*


Areas of opportunity!

New diagnosis of dementia

Change in decision making capacity

Higher level of care needs

End of life discussions



**Unifying theme:
*Establishing
goals and
priorities***

Important: Most older adults living with cognitive impairment are willing to deprescribe (Yes! Evidence backs this up!)

Identifying Priorities around Prescribing



“People say that when you get to a certain age that you start to mellow. I have no idea what these people are talking about.”

All the priorities to consider...

Patient Priorities

- Slow decline/disease
- Costs of treatment/care
- Maintain independence
- Reduce burden on others
- Be comfortable
- Feel Safe
- Enjoy activities
- Dignity and respect

Family & Caregiver Priorities

- Slow decline/disease
- Costs of treatment/care
- Maintain safety
- Ensure comfort
- Understand preferences
- Advocate for patient
- Spend quality time with patient
- Dignity and respect

Provider Priorities

- Slow decline/disease
- Costs of treatment/care
- Maintain safety
- Educate patient and family
- Establish goals of care
- Advocate for patient
- Identify resources and tools
- Dignity and respect

Priorities and Polypharmacy

Unique to each person and medication list

No such thing as “wrong” priorities if founded in person’s goals, beliefs, values

Do not need to match your own

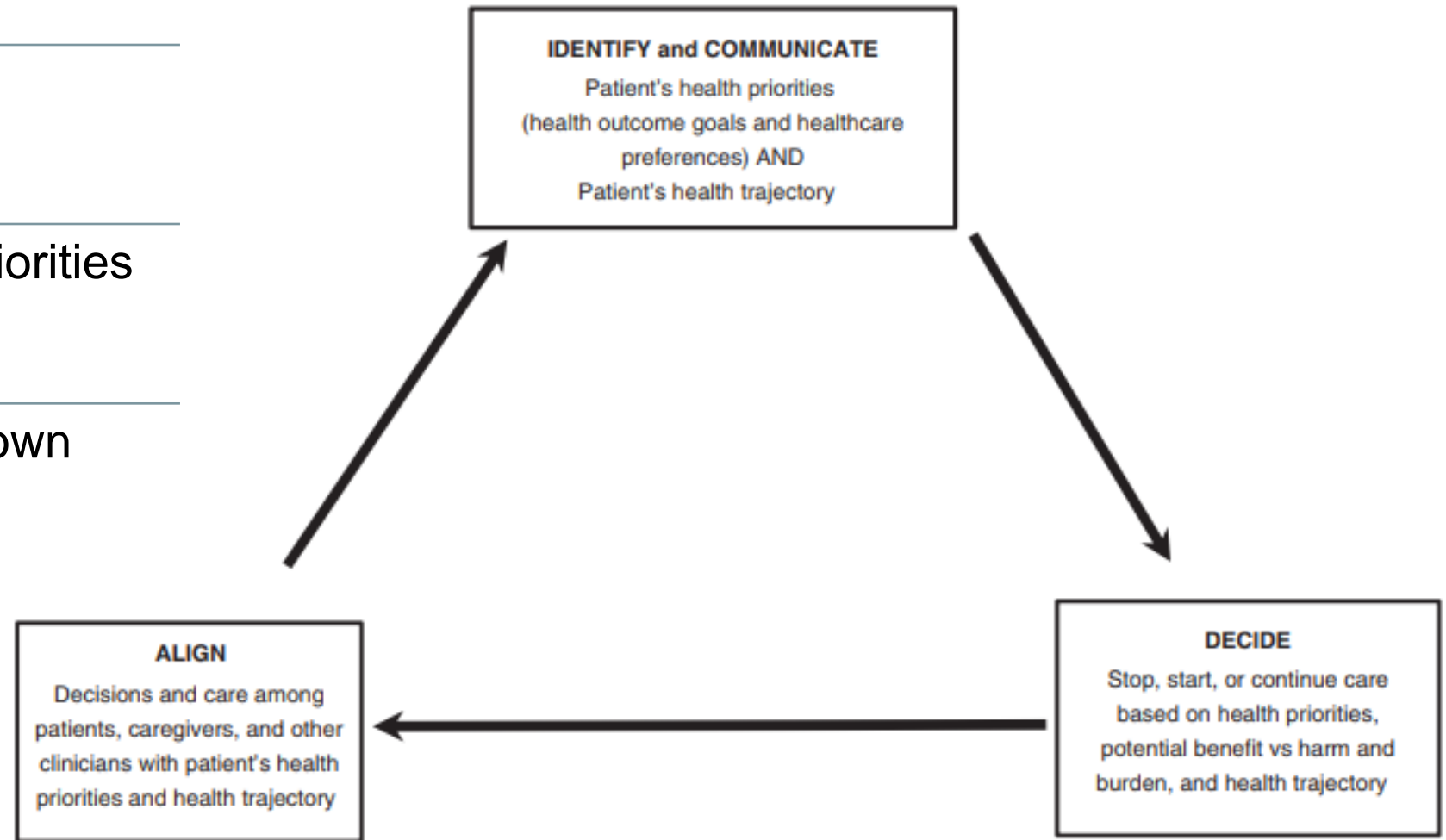


Figure 1. Patient priorities-aligned decision making for older adults with multiple chronic conditions.

Patient Priorities Care



[Patient Priorities Care - Homepage](https://patientprioritiescare.org/)

<https://patientprioritiescare.org/>

Patient Priorities Care

Health Priorities Template:

Health Priorities Identification can be done by a facilitator (any member of the healthcare team) or self-directed by the patient. At the end of the process the patient should have a filled out Health Priorities Template to share with their health care team. This will be used to learn more about what matters most to the patient and guide decision-making.

I. What Matters Most (Values):

II. Most Important Health Outcome Goal: The specific activity you most want to do that is realistic and doable with your health care.

I want to (insert specific activity) _____

for/in/over (include time frame) _____.

If needed, revise health goal: _____

III. Current Bothersome Symptoms or Health Problems:

IV. Current Bothersome Health Care Tasks and Medications:

Task:

Why Bothersome:

Helpful Health Care Tasks and Medications (if any):

V. The One Thing (Top Priority):

I most want to focus on (*symptom, health problem, task, or medication*) _____

_____ so that I can (*insert health goal*)

_____ more often or more easily.

Strategies For Making Patient Priorities Aligned Decisions

→ Strategy: Use patients' health priorities as focus of communication and decision-making

→ Strategy: Use serial trials to start, stop or continue healthcare interventions based on achieving health outcome goals

→ Strategy: Reconcile differing recommendations

Strategies For Making Patient Priorities Aligned Decisions

Strategy: Use patients' health priorities as focus of communication and decision-making

Patients will feel listened to and be more motivated to follow through with healthcare recommendations while giving clinicians an anchor for decision-making in the face of uncertainty and complexity.

- ▼ What to do when the patient's health goals are not achievable or realistic
- ▼ Discuss health interventions (medications, diagnostics, treatments, surgeries, specialty care) around each patient's health priorities, rather than disease-based tradeoffs
- ▼ Focus on achieving desired activity rather than solely on eliminating symptoms if cause of symptom is not easily identified or remediated.
- ▼ Use health priorities as the focus of the desired activity rather than the symptom



NAVIGATION MENU

Introduction

1. Identify What Matters Most to You

2. Set Your Health Goal

3. Review Your Burdensome Health Related Tasks and Medications

4. Review Your Bothersome Health Symptoms and Problems

5. Choose The One Thing (Top Priority) to Focus On

Talk With Your Health Care Team

Identifying My Health Priorities

Welcome to My Health Priorities!

Through this process, we will help you identify what matters most to you—**your health priorities**.

Why are your health priorities important?

What matters most in life and health is different for everyone. Managing your health may be particularly difficult if you have multiple chronic conditions.

The more you and your health care team know about what matters most to you, the better you can work together to make the right decisions for you.

Note: use the "Next" and "Back" buttons to move to the next page or previous page.



Next

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Priorities and Polypharmacy: Zolpidem

Patient with Dementia

- Sleep through night
- Ensure daytime QOL
- Maintain independence with medications

Provider

- Reduce fall risk
- Reduce cognitive “hits”
- Improve safety

Questions:

Where can priorities overlap?

*“Good” drug, “bad” drug
Right time, right patient?*

Priorities and Polypharmacy: Quetiapine

Patient with Dementia (and their caregiver)

- Sleep through night
- Reduce risk of injuring self or others
- Stay at current assisted living community

Provider

- Reduce fall risk
- Reduce daytime sleepiness and confusion
- Improve safety

Questions:

Where can priorities overlap?

*“Good” drug, “bad” drug
Right time, right patient?*

Priorities and Polypharmacy: Memantine

Patient with Dementia (and their caregiver)

- Prevent further cognitive decline
- Take only medications that “help” (co-pays are ridiculous)
- Stay at home
- Don’t burden others

Provider

- Address benefits and harms
- Reduce polypharmacy burden
- Ease medication regimen to improve safety

Questions:

Where can priorities overlap?

*“Good” drug, “bad” drug
Right time, right patient?*

Prioritization and Communication “Pro-tips”



“I may be a senior, but so what? I’m still hot.”

NURSES

N	Name	It sounds like you are frustrated
U	Understanding	I can only imagine what that feels like
R	Respect	I can see you really care about your mother
S	Support	Our team is here to support you
E	Explore	Could you tell me more about that?
S	Silence	Intentional pause

Patient Case

Ms. T is a 70-year-old ciswoman living with mild Alzheimer's disease without behavioral concerns, chronic pain, heart failure, urinary incontinence, hypertension, hypothyroidism. You are seeing her this afternoon for urgent follow up.

She has been **falling** at home and her **daughter called your office this week** expressing that she has been **more confused** lately—she is wondering if her mom might have a UTI.

Ms. T is on **14 different medications**. You identified 4 medications that are of high risk to contribute to her falls and confusion: **oxybutynin, tramadol, gabapentin and clonidine**

At the visit, Ms. T is requesting more medication to help with pain. She has been reluctant previously to discontinue many of her medications.

This appointment is to address a new medication plan that helps optimize her symptoms and address risks.

Patient Case Conversation

Ms. T: “I’m in a lot of pain, doctors always tell me ‘no’ to more medicine. Apparently, they were worried that I am taking too many medications.” (with mild irritation) “Just seems like another hoop to jump through...”

PCP: “It sounds like you may be frustrated that you have to talk to me.”

NURSE TECHNIQUE: _____

Ms. T: “Yes, I don’t really get the point. My daughter also said they think my memory may be getting worse because of my medications, but really, I just need to pay more attention, maybe write things down.”

Daughter: “Mom, we are all worried about you and whether you’re even taking your medications the right way at home. Sometimes I find empty bottles that should have just been filled, and sometimes I find extra pills on your nightstand.”

Ms. T: “I’m fine! I don’t need help. I have a pill box to help me keep track.”

PCP: “You take your health seriously and I can see that you have tried some things to help you manage your medications. It sounds like you’ve also given some thought into how to be safe at home.”

NURSE TECHNIQUE: _____

Ms. T: (deep breath and more relaxed) “It’s true, I know my memory is going to get worse and I try and find ways to fight back to protect myself every day, it is my primary focus. If I miss a day, I always make up for it the following day. I also know when medications are not working for me.”

PCP: “Can you say more about what you mean by that?” **NURSE TECHNIQUE:** _____

3 W's



I wish...

I **wish** there was a way to make all your pain go away



I worry...

I **worry** that your memory is getting worse



I wonder ...

I **wonder** what it would look like if you got a new caregiver

Prioritizing the Medications

1. **Identify** the priorities of interested parties
2. **Identify** the medications for deprescribing
3. **Decide** where to start (together, and in alignment with priorities)
4. Outline a plan for the medication in a **shared decision-making**
process

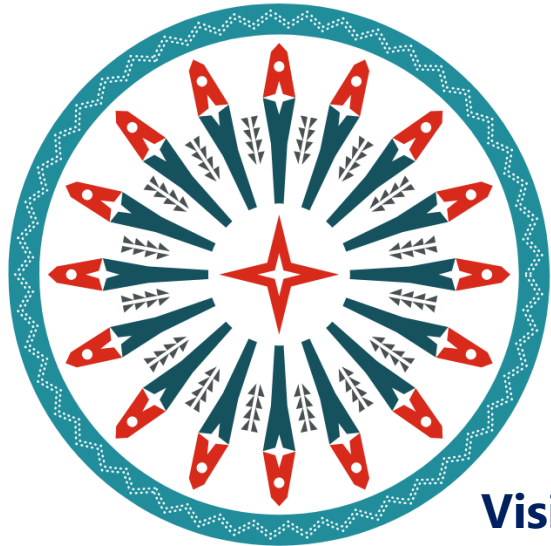
Helpful Resource or Communication Tip

<https://deprescribingresearch.org/resources-2/resources-for-clinicians/>

<https://www.nia.nih.gov/health/health-care-professionals-information/talking-your-older-patients>

[Patient Priorities Care - Homepage](#)

Thank you!



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