Targeted De-Prescribing in Patients with CKD to Decrease Polypharmacy

**The Problem**
Hemodialysis (HD) patients have complex health conditions and are prescribed many different medications. Furthermore, many medications prescribed to HD patients are never reassessed or deprescribed, leading to polypharmacy.

**Deprescribing**: identifying and discontinuing medications whose harms outweigh their potential benefits

Polypharmacy: the use of many medications (usually 5 or more)

**The Solution: Targeted Deprescribing Toolkits**
We developed medication-specific deprescribing tools to help clinicians identify inappropriate medications and guide them in safely stopping them or using the lowest possible dose.

**Toolkit Components**
- Deprescribing Algorithms (for clinicians)
- Evidence Tables
- Monitoring Tools (for clinicians)
- Patient Information Tools: videos + bulletins

**Study Medications**
We conducted analyses of provincial databases to assess medication use patterns in HD units across Canada. Nine classes of medications were chosen:
- Alpha-1 blockers
- Benzos & Z-Drugs
- Gabapentinoids
- Quinine
- Loop diuretics
- Proton pump inhibitors
- Prokinetic agents
- Urate lowering agents
- Statins

**Implementation**
- Roll out the deprescribing tools at 4 sites across Canada to find out on how they are used in practice.
- Gather data to inform a large scale national roll-out

**Evidence Summary**
- We’ve developed tables summarizing the scientific research on the use of these medications in patients on hemodialysis
- These will help encourage nephrology clinicians to deprescribe

**National Validation**
15 clinicians reviewed 3 algorithms each & provided comments.

**Evidence Tables**
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**Patient Information Tools**
- We’ve developed videos (see QR code) and bulletins to keep patients informed and involved about the decision to deprescribe.
- Patients will provide feedback to validate these tools.