



Canadian Deprescribing Network



2017
Annual Report

What's deprescribing?

Deprescribing is the planned and supervised process of reducing or stopping medications that may no longer be of benefit or may be causing harm.

The goal is to reduce medication burden and harm, while maintaining or improving quality of life.









Contact us and get involved

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This annual report is available on our website in French and English.
Printed copies available by request.

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Message from Directors

“*You can't change the way people think. All you can do is give them a tool, the use of which will change their thinking.*”

– *R. Buckminster Fuller*

People need the resources, the opportunity and the motivation to follow a new path to change their behaviour and do things differently. Currently, more than one in three Canadian seniors use at least one potentially inappropriate medication, which can lead to health risks, including falls, fractures, hospitalizations and death. People over the age of 65, women and people taking multiple medications are especially at risk. Yet this doesn't need to be the case. Safer alternatives exist, and people need to be made aware of them and where to find them.

In order to raise awareness about medication safety and deprescribing, the Canadian Deprescribing Network is providing a range of tools and resources to our diverse stakeholders, including the general public, community organizations, health care professionals and policy makers. Through this approach, the Canadian Deprescribing Network aims for a 50% reduction in the use of inappropriate medications for Canadians over the age of 65.

This year, the Canadian Deprescribing Network expanded outreach and advocacy efforts across Canada. The Network held multiple events and public awareness initiatives, including the launch of a new website (deprescribingnetwork.ca), which serves as a public awareness information hub on medication safety and deprescribing. We also deepened our understanding of the importance of roles played by community organizations in promoting seniors' well-being and established collaborative activities to further develop our deprescribing toolkit.

This annual report provides a snapshot of the ongoing work of our network. We're looking forward to another year of collaborating with health care providers, policy-makers and the general public to change perceptions around medication use for a healthier Canada.

Sincerely,



Cara Tannenbaum & James Silvius
Co-directors, Canadian Deprescribing Network





~40% of Canadian seniors take at least one potentially inappropriate medication

(Morgan *et al.* 2016)

Potentially inappropriate medications for seniors:

- Antipsychotics for dementia & insomnia
- First-generation antihistamines
- Long-acting diabetes medications (sulfonylureas)
- Opioids for chronic non-cancer pain
- Proton-pump inhibitors for more 12 weeks
- Sleeping pills (benzodiazepines & z-drugs)

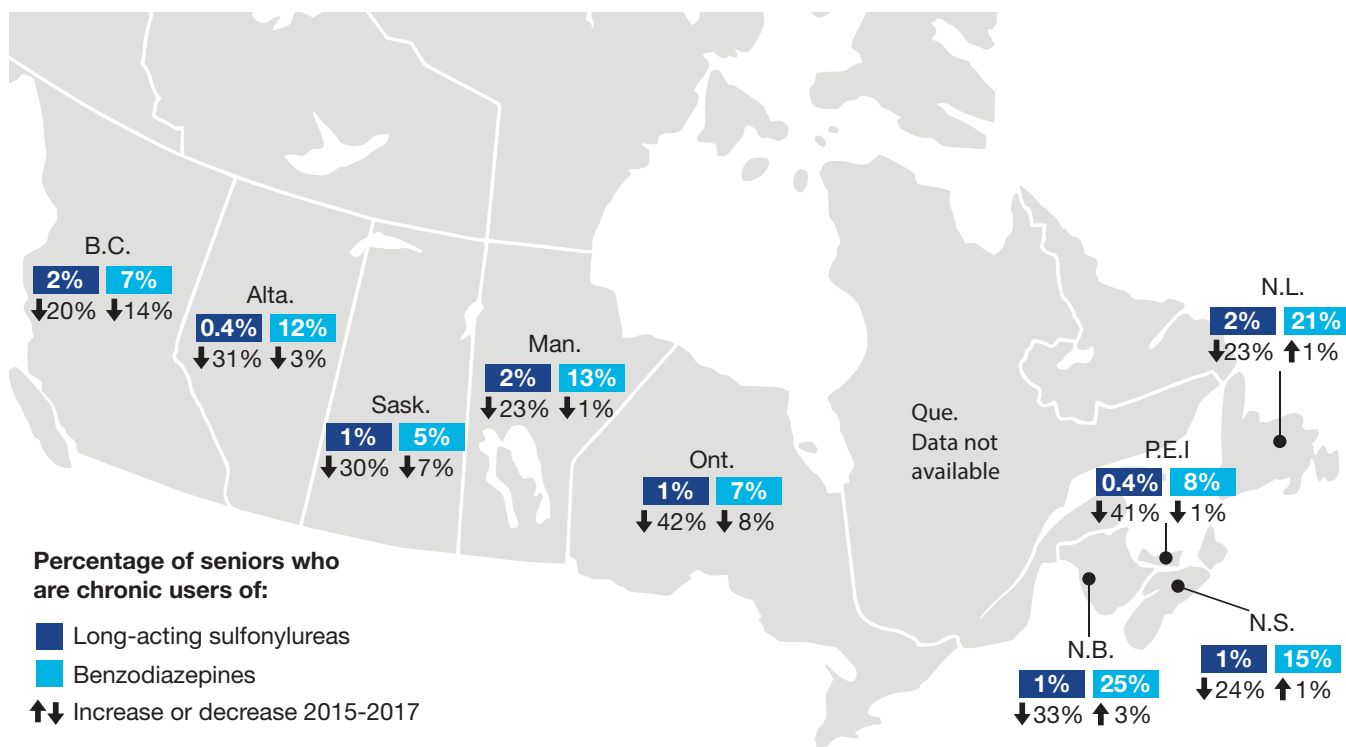
Harmful effects of these medications:

- Drug interactions
- Falls & fractures
- Memory problems
- Hospitalizations & death

Successes

Chronic use of long-acting sulfonylureas and benzodiazepines by seniors in each province

Chronic use of long-acting sulfonylureas decreased among seniors across Canada between 2015 and 2017. Reductions in benzodiazepine use were seen in most provinces.



Source: Canadian Institute for Health Information

Highlights

Long acting sulfonylureas

- In all provinces, less than 2% of seniors are chronic users.
- The greatest reductions in chronic use were seen in Ontario and Prince-Edward Island.

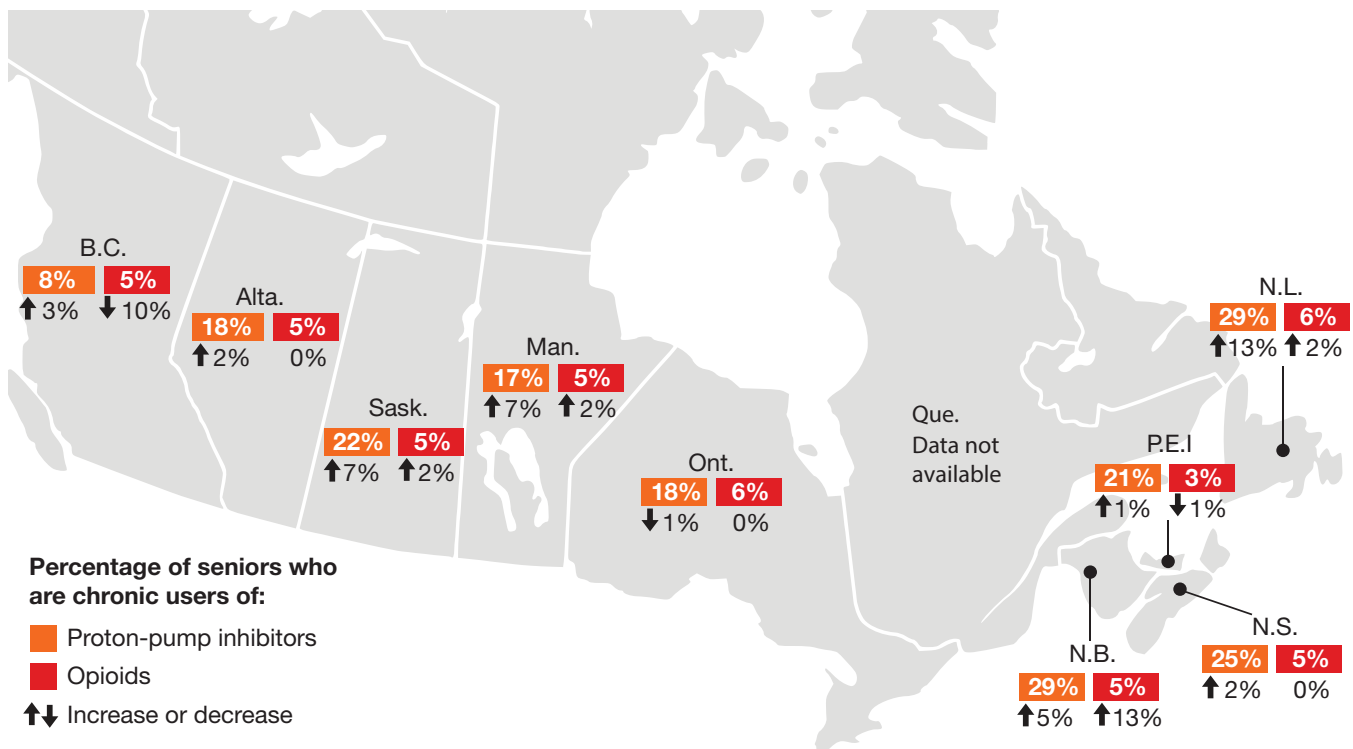
Benzodiazepines

- Seniors in New Brunswick (25%) and Newfoundland and Labrador (21%) have the highest rates of chronic use.
- Saskatchewan (5%), Ontario (7%) and British Columbia (7%) have the lowest rates of chronic use.
- The greatest reduction in chronic use was seen in British Columbia.

Challenges

Chronic use of proton-pump inhibitors and opioids by seniors in each province

Chronic use of proton-pump inhibitors increased in all provinces across Canada, except Ontario, between 2015 and 2017. There was little change in chronic opioid consumption among seniors.



Source: Canadian Institute for Health Information

Highlights

Proton-pump inhibitors

- Seniors in Newfoundland and Labrador (29%) and New Brunswick (29%) have the highest rates of chronic use.
- British Columbia (8%) has the lowest rate of chronic use.
- The greatest rise in chronic use was seen in Newfoundland and Labrador.

Opioids

- Chronic opioid use among seniors has remained relatively stable in all provinces. However, we see a rise in chronic use in New Brunswick and a reduction in British Columbia.

Snapshot of the Network

Who we are



Health care leaders



Patient advocates



Decision-makers



Clinicians



Academic researchers



Community organizations



What we do

We work together to mobilize knowledge and promote the deprescribing of medication that may no longer be of benefit or that may be causing harm.

Deprescribing can be a complex process, involving patients, caregivers, health care providers and policy makers. The Canadian Deprescribing Network uses a practical, comprehensive, ecological approach to optimize medication use through coordinated action across Canada's health system.

Network numbers

5 committees

35 committee members in **8** Canadian provinces/territories



52 partners

415 members



Network objectives

Raise awareness and decrease the inappropriate use of medications for seniors by 50% by 2020.

Ensure access to safer drug and non-drug therapies.



Curbing prescribing of inappropriate medications for seniors by 50% by the year 2020 could save:

\$700 million

in preventable drug-related hospital admissions.

\$200 million

in annual drug costs.

(Morgan *et al.* 2016)



Deprescribing Fair in Montreal, April 26th, 2017

Public awareness

Health information can be complex and confusing. It can be difficult for the general public to find credible, relevant and accessible information about their health. Moreover, busy health care providers may miss medication-based risks and may not have the time to thoroughly discuss a health issue or a medication. That's why patients need to be aware and informed about their medications – and keep a sharp eye out for side effects.

To bridge this gap, the Canadian Deprescribing Network is developing educational tools and resources for the general public, seniors and caregivers. These tools are helping patients make informed choices about their health and enhancing conversations with their health care providers.

What do Canadians know about medication safety?

In order to find out, we conducted a telephone survey in English or French in all ten provinces and three territories, with 2,665 men and women over the age of 65.

Objective: Learn about Canadians seniors' awareness of harmful effects of medications and deprescribing.

60%



of Canadians 65 or older think appropriate prescribing should be a national government priority.

65%



are familiar with the concept that some medications can potentially be harmful to seniors.

41%



have asked their doctor about stopping certain medications.



Only 7%

have heard the word "deprescribing" before.

49%



have gone online or elsewhere to learn more about the harmful effects of medications.



People are **4X more likely** to ask their doctor about deprescribing if they have actively sought information about the potential medication harms.



Francophone Canadians are **72% less likely** to be aware of harmful effects of medications than Anglophones.

(Turner & Tannenbaum, 2017)

Addressing the opioid crisis through education

To address the inappropriate prescribing of opioids – one of the major causes of the ongoing opioid crisis – the Canadian Deprescribing Network is collaborating with the Government of Manitoba.

Objectives:

- Educate the public about the risks of long-term use of opioids for chronic non-cancer pain.
- Encourage people to speak to their doctor or pharmacist about reducing their dose or stopping their opioid medication.

As part of a randomized controlled trial, we developed an educational brochure, in French and English. The brochure was mailed to all residents of Manitoba taking opioids for chronic non-cancer pain who met our inclusion criteria. The results of the study will be available next year.



Key stats about opioids in Canada:



5,840+
hospitalizations

for harmful effects of opioids in 2016-2017, and most cases were accidental. This equals 16 people every day (CIHI, 2017).

24% of seniors

hospitalized because opioids were taking them as directed (CIHI 2016).



Seniors have the highest rate of opioid pain reliever use (CCSA, 2015).



2,800+ deaths

from opioid overdoses during 2016. This surpasses yearly car accident deaths by over 50% (CIHI, 2017).

75%

of people addicted to opioids started via prescription medication (Cicero *et al.* 2014).

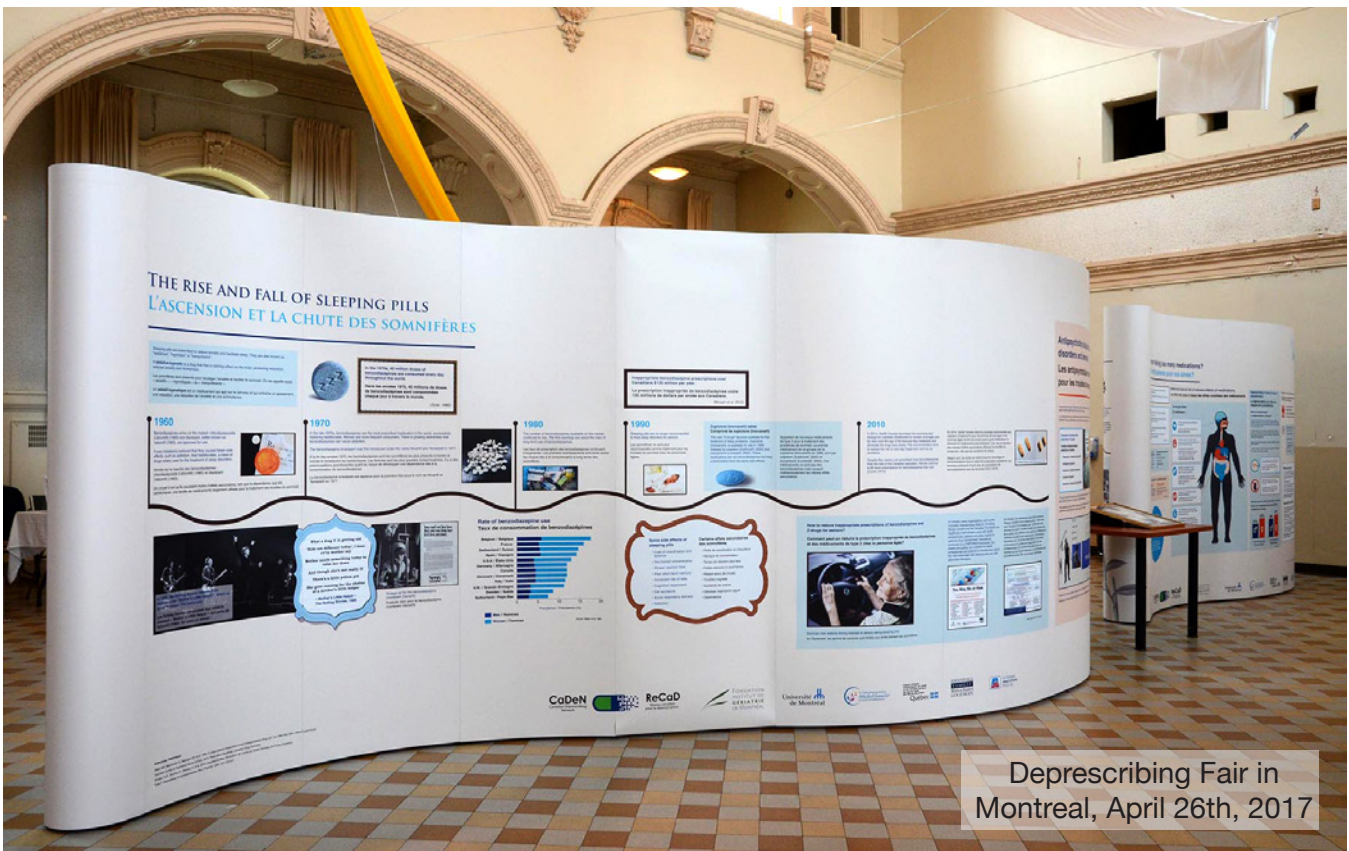
Canada ranks 2nd

behind the United States for highest per capita use of prescription opioids (INCB, 2015).

Deprescribing Fair

The Canadian Deprescribing Network designed and created the Deprescribing Fair, an interactive exhibit illustrating the history of medications, appropriate medication management and alternative non-pharmacological treatments.

This year, we held the Deprescribing Fair in Montreal (Quebec), Moncton (New Brunswick), Quebec City (Quebec), Mississauga (Ontario) and Ottawa (Ontario). Hundreds of participants from all walks of life attended each event.



Deprescribing Fair in Montreal, April 26th, 2017

Public awareness toolkit

The Canadian Deprescribing Network is creating a set of tools to help seniors, their families and caregivers learn about medication safety, the risks of polypharmacy as well as the importance of deprescribing. These tools also help motivate seniors to initiate conversations with their health care providers about medications and deprescribing.

The Canadian Deprescribing Network organized a series of focus groups across Canada with local seniors organizations to inform the development of the toolkit. These organizations are also testing these tools to collect feedback from their members.

Tools developed so far:

What is Deprescribing?

Deprescribing means reducing or stopping medications that may not be beneficial or may be causing harm.

For Canadians over the age of 65:

- 2 out of 3 take at least 5 medications.
- 1 out of 4 take at least 10 medications.

The risk of harmful effects and hospitalizations increases when taking many prescription medications.

With age, some medications can become unnecessary or even harmful because of short-term or long-term side effects, and drug interactions.

\$419 MILLION Estimated public spending per year on potentially harmful prescriptions in Canada.

Do I still need this medication?

Too many meds?

The risk of harmful effects increases when you take more medications.

Medication harms

- Drug Interactions
- Memory problems
- Falls & fractures
- Hospitalizations

Who's at risk of medication harms?

Everyone, but especially:

- People who take lots of medications
- Women
- People over the age of 65

5 questions to ask your doctor or pharmacist

1. Why am I taking this medication?
2. What are the potential benefits and harms of this medication?
3. Can it affect my memory or cause me to fall?
4. Can I stop or reduce the dose of this medication?
5. Who do I follow up with and when?

Always speak to your doctor or pharmacist before stopping any medication.

www.deprescribingnetwork.ca

Poster on medication safety

DEPRESCRIBING
Are you on too many meds?

What is Deprescribing? Deprescribing is the planned process of reducing or stopping medications that may no longer be of benefit or may be causing harm. The goal is to reduce medication burden while improving quality of life.

Deprescribing involves patients, caregivers, healthcare providers and policy makers

Deprescribing should be done in partnership with a health care provider. There may be reasons to continue taking certain medications or reasons why close supervision is needed while stopping.

Medications SHOULD NOT be stopped without first consulting a doctor or health care professional.

Are seniors taking too many meds?

- 2 out of 3 Canadians over the age of 65 are on at least 5 different prescription medications – some of which may cause more harm than good.
- 1 out of 4 Canadians over the age of 65 take at least 10 different prescription medications.

Why deprescribe?

- Taking medications may be necessary for health, improving symptoms or prolonging life expectancy. However, as we get older, the benefits and risks of medication may change.
- The risk of harmful effects and hospitalizations increases when taking many prescription medications.
- With age, some medications can become unnecessary or even harmful because of short-term or long-term side effects, and drug interactions.
- Older women are typically more susceptible to adverse effects of medications and more likely to be prescribed risky meds.

Seniors who fill at least one risky prescription in Canada

Age Group	Male (%)	Female (%)
over 65 years old	31%	42%
over 85 years old	39%	47%

Medications are considered risky when a safer drug or non-drug therapy exists that can be used to treat the same symptoms.

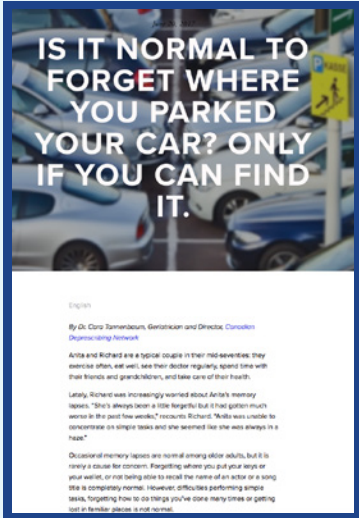
Fact sheets and postcards on deprescribing

How to get a good night's sleep without medication

Brochure on tips and techniques for a good night's sleep without sleeping pills

Logim, University of Toronto, CaDeN

Brochure on tips and techniques for a good night's sleep without sleeping pills



CaDeN Canadian Deprescribing Network **ReCaD** Réseau canadien pour la déprescription

What do you know about antipsychotics and dementia?

You may have a family member, friend or neighbour who lives with Alzheimer's or another type of dementia. You may even be the caregiver for someone with dementia. If so, you're perhaps familiar with antipsychotic medications.

We're trying to understand what people know about these medications in order to develop better educational tools and awareness strategies about deprescribing.

Will you help us gather information by taking this short quiz consisting of four true/false questions? You'll make an important contribution to the **Canadian Deprescribing Network** and learn something new in the process!

[Click here to take the quiz](#)

You May Be at Risk

You are taking one of the following sedative-hypnotic medications:

<input type="radio"/> Alprazolam (Xanax®)	<input type="radio"/> Diazepam (Valium®)	<input type="radio"/> Temazepam (Restoril®)
<input type="radio"/> Chlorazepate	<input type="radio"/> Estazolam	<input type="radio"/> Trisazolam (Halcion®)
<input type="radio"/> Chlordiazepoxide-amlipityline	<input type="radio"/> Flurazepam	<input type="radio"/> Eszopiclone (Lunesta®)
<input type="radio"/> Clidinium	<input type="radio"/> Loprazolam	<input type="radio"/> Zaleplon (Sonata®)
<input type="radio"/> Clonazepam	<input type="radio"/> Lorazepam (Ativan®)	<input type="radio"/> Zolpidem (Ambien®, Intermezzo®, Elixade®, Sublinov®, Zolpinet®)
<input type="radio"/> Clonazepam (Rivotril®, Klonopin®)	<input type="radio"/> Lormetazepam	<input type="radio"/> Zopiclone (Innovanell®, Rhovanell®)
	<input type="radio"/> Nitrazepam	
	<input type="radio"/> Oxazepam (Serax®)	
	<input type="radio"/> Quazepam	

CHES ESC, IUGM, Université de Moncton, Réseau canadien pour la déprescription, CaDeN

Series of articles about “What’s normal as you age?” and quizzes on medications. The articles and quizzes are sent to community organizations for publication in their newsletters and websites.

Brochures on the risks associated with certain medications: antipsychotics, first-generation antihistamines, non-steroidal anti-inflammatory drugs (NSAIDs), proton pump inhibitors, sedative-hypnotic medication and sulfonylureas.

Brochures & tools disseminated in 2017:

5,000+ brochures sent by mail

6,000+ brochures distributed at events and workshops

Online presence

Website for the general public

Last summer, the Canadian Deprescribing Network launched a new website (deprescribingnetwork.ca) entitled “Do I still need this medication?”. The website serves as a public awareness information hub on medication safety and deprescribing. The website features all of our brochures, tools and educational materials.

8,000+ views in the past 6 months





Focus group participants for the opioid brochure

Deprescribing Champions



Health care provider awareness

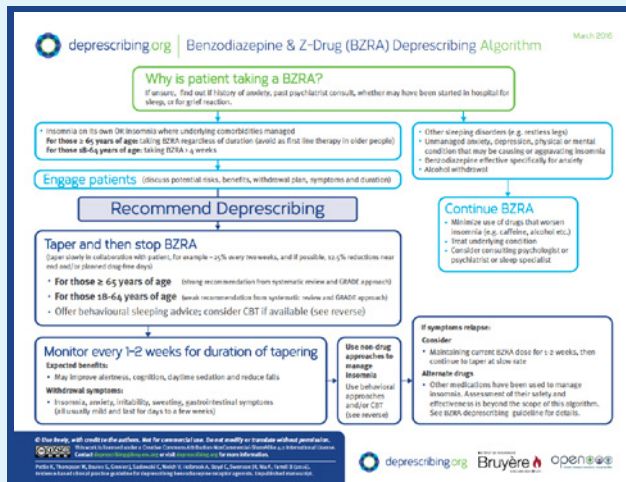
Recognizing the need for health care providers to be able to respond to patient requests, the Canadian Deprescribing Network is providing doctors, pharmacists and nurses with a wealth of evidence-based materials to aid in deprescribing decisions. Resources for health care providers as well as some of our partners' tools, are compiled on this web page: deprescribingnetwork.ca/clinician-tools

Key resources for healthcare providers:

Deprescribing Fact Sheet for health care providers

Pharmaceutical opinions for antihistamines, benzodiazepines and sulfonylureas

Collaboration with Choosing Wisely Canada on a toolkit to reduce benzodiazepine prescribing



Deprescribing algorithms for the following medication classes: antihyperglycemics, antipsychotics, benzodiazepines, proton-pump inhibitors (developed by CaDeN members from the Bruyère Institute and the Ontario Pharmacy Evidence Network)

Policy

The Canadian Deprescribing Network has contacted all provincial and territorial governments to understand what policies may be in place to promote more appropriate prescribing. Several potential projects on medication appropriateness are being discussed with provincial governments.

The Network proposes coordinated provincial strategies to rectify the issue of unnecessary prescriptions through education, public awareness and capacity building among health care providers.

International policy scan

To find out what other countries are doing to address inappropriate use of benzodiazepines, the Canadian Deprescribing Network conducted an international policy scan to pinpoint successful policies we may be able to adopt here in Canada.

Preliminary findings:



Seniors in Denmark taking long-acting benzodiazepines were not allowed to renew their driver's license. This regulation was coupled with health care provider education. They reduced the use of long-acting benzodiazepines by 66% and short-acting benzodiazepines by 37% (Eriksen & Bjerrum 2015).



Some policies use “surveillance”: in the USA, doctors had to fill out three copies of a single benzodiazepine prescription, one of which was sent to the government to be monitored (Wagner *et al.* 2003).



In France, doctors received a small financial incentive to reduce their rates of benzodiazepine prescriptions. This policy however, did not manage to reduce the amount of benzodiazepines still being prescribed (Rat *et al.* 2014).



Certain policies were successful in some countries, but not in others. An example is “de-listing”, where a country decides to stop paying for the medicine. In the USA, older people continued to find ways to use the medicine while in the Netherlands, this policy led to fewer people taking the medicine.

Executive committee members

Cara Tannenbaum, MD, MSc, Co-Director

Michel Saucier Endowed Chair in Pharmacy, Health & Aging
Professor, Faculties of Medicine and Pharmacy, Université de Montréal
Scientific Director, Institute of Gender and Health, Canadian Institutes for Health Research

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Patients for Patient Safety Champion (Canada)
Steering Committee, BC Polypharmacy Risk Reduction Initiative
Consumer Advocate, isyourmomondrugs.com

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