

Webinar #4

December 16th, 2021
4:30 PM ET

Optimizing and Deprescribing Benzodiazepines & Other Anxiolytics

D2D and AMDA Team



Background

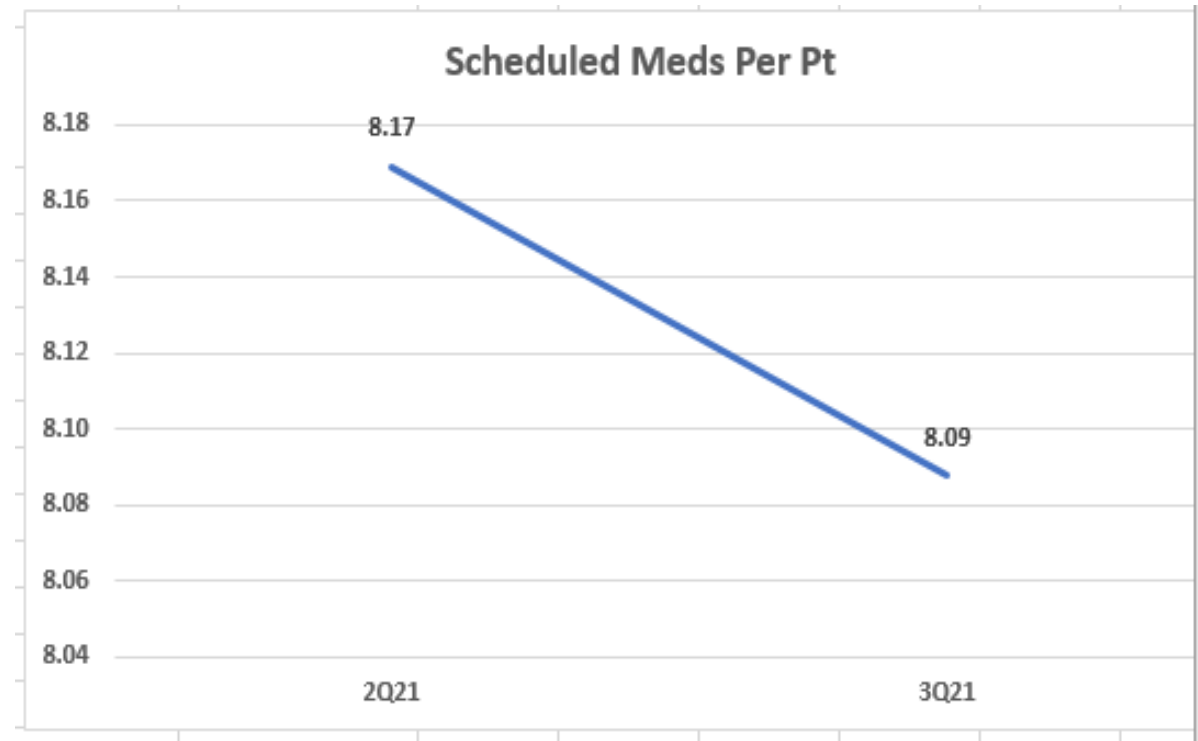
- **D2D Mission: A 25% reduction of scheduled medications in long stay patients**
 - Provide PALTC providers the necessary tools, support and the community to implement deprescribing into clinical practice

D2D Progress

Progress: The Data (So Far)

Period	# of facilities	# of long stay patients	Scheduled Meds Per Pt	Progress
2Q21	814	66,801	8.17	
3Q21	823	66,001	8.09	1.00%

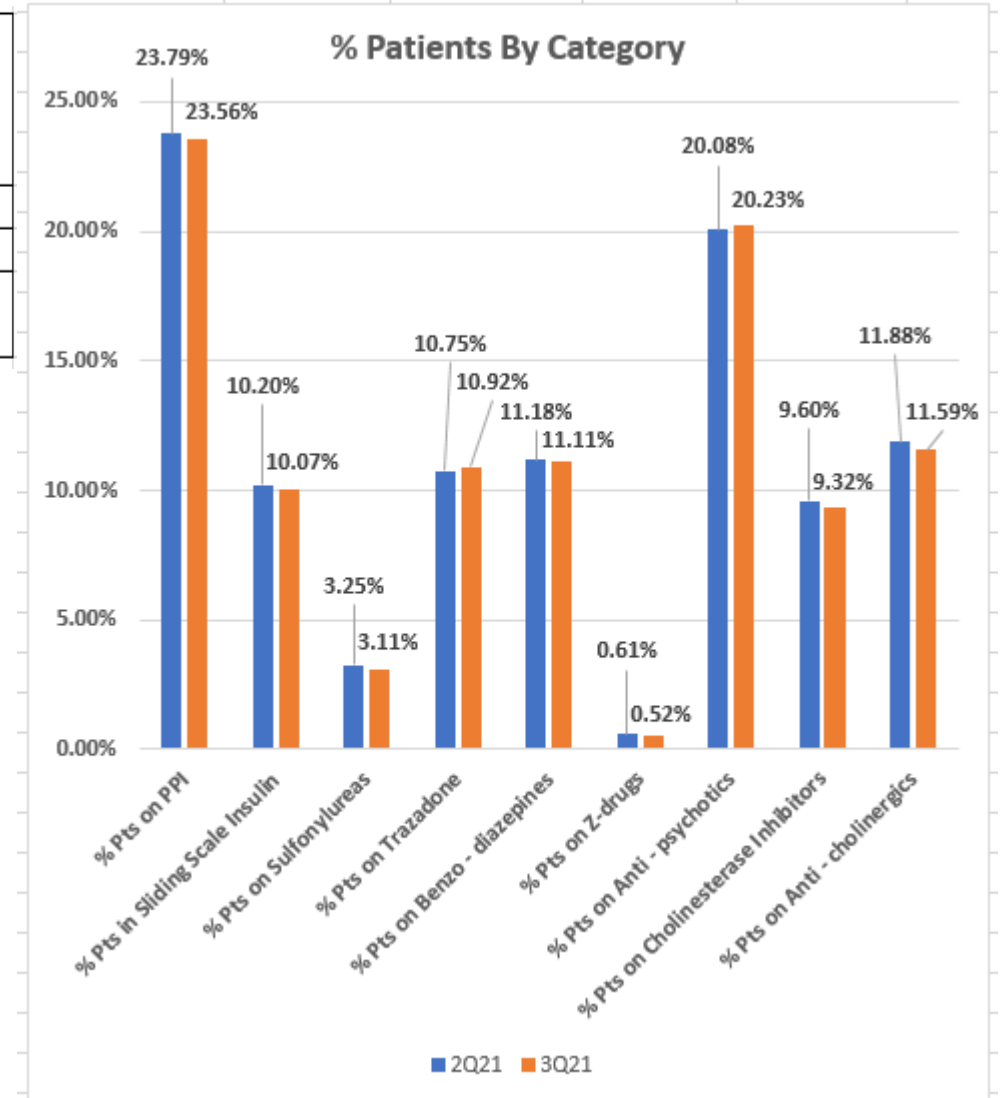
- 1 Quarter Performance Post Baseline
- Early Results Muted But Provide First View to Refocus



% Patients By Category

Period	% Pts on PPI	% Pts in Sliding Scale Insulin	% Pts on Sulfonylureas	% Pts on Trazadone	% Pts on Benzo - diazepines	% Pts on Z-drugs	% Pts on Anti - psychotics	% Pts on Cholinesterase Inhibitors	% Pts on Anti - cholinergics
2Q21	23.79%	10.20%	3.25%	10.75%	11.18%	0.61%	20.08%	9.60%	11.88%
3Q21	23.56%	10.07%	3.11%	10.92%	11.11%	0.52%	20.23%	9.32%	11.59%
% Improvement (Regression)	0.96%	1.28%	4.38%	-1.55%	0.58%	14.83%	-0.73%	2.92%	2.45%

- Significant Improvement Z-drugs (Eszopiclone: Lunesta, zaleplon: Sonata, zolpidem: Ambien/Edluar/Zolpimist)
- Lost Ground: Trazadone and Antipsychotics

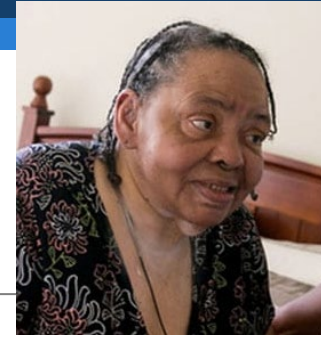


Interim Lessons Learned

- Value the interprofessional team
 - Focus on new team members: DONs and Consultant Pharmacists for support
- Focus on categories that move more easily (Z-Drugs) as well as categories that should move more (PPIs)
- Consider new approaches for trazadone, antipsychotics and anticholinergics

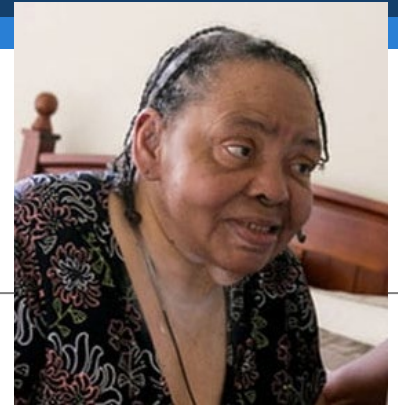
Benzodiazepines in the Older Populations

Mrs. Smith



- Mrs. Smith is an 88 years old former schoolteacher. She was widowed 5 years ago after 60 years of marriage. Prior to coming to your SNF 8 weeks ago after a hip fracture, she lived in her own house, but needed a lot of support from her two very involved daughters and part time caregivers.
- Mrs. Smith carries the diagnosis of dementia, HTN, HLD, Diabetes Mellitus Type 2, obesity, CKD, Afib , diastolic CHF, CAD, OA, osteoporosis, incontinence. She also suffers from depression and anxiety.

Current prescriptions



- Apixaban 5 mg po BID
- FeSO4 325mg BID
- ~~Ibuprofen 200mg q 6 h prn~~
- Tylenol 1000 mg q 6 h prn
- Tramadol 50mg po q8 h
- Lasix 60mg po BID
- Carvedilol 6.25mg BID
- Ondansetron 4mg q8h prn
- ~~MVI once daily~~
- ~~Omeprazole 20mg daily~~
- Vit D 2000 units daily
- Ca gluconate BID
- ~~Insulin Sliding Scale~~
- Metformin 500mg BID

- ~~Glyburide 2.5mg po BID~~
- Losartan 25mg daily
- Amlodipine 5mg daily
- Prozac 20mg daily
- Seroquel 25mg qhs
- Lorazepam 0.5 mg po q 6h prn anxiety
- Melatonin 6mg at hs
- Atorvastatin 20mg daily
- ~~Oxybutynin 5mg q 8 h~~
- ASA 81 mg daily
- Miralax daily
- Colace 100mg BID
- Bowel protocol prn
- Donepezil 10 mg daily
- Mg 400mg po BID

The Problems with Benzodiazepines

- CNS Changes
 - Sleepy, confused
- Can Cause Falls
 - i.e. person gets out of bed middle of night after being dosed at bedtime
- Potentiate Other CNS Depressants
 - Opiates
- Tolerance/Dependence

Obtain Buy-In; Patient Tools

- Canadian Deprescribing Network
 - [Sleeping Pills, Anti Anxiety Meds, Sedative Hypnotics](#)
- Deprescribing.Org Patient Pamphlet
 - [Is a Benzodiazepine or Z-Drug still needed for sleep?](#)

How to Deprescribe Benzodiazepines

- Psychological and physiologic dependence can occur
 - Very slow tapers are needed
 - **Obtain buy-in before and during discontinuation
- 25% Reduction every 2 weeks and if possible 12.5% reductions near the end of the taper with drug free days
- Monitor for withdrawal symptoms; Manage without additional drugs if possible
 - Insomnia
 - Anxiety
 - Irritability
 - GI Symptoms
 - Reassure the patient that the symptoms are generally mild and resolve in days – weeks
 - Stop the taper, maintain the current dose for 1-2 weeks, then continue taper

The Story With Benzodiazepines

- If we are to use benzos appropriately, we would need to consider the pharmacokinetic profile of the drugs and the physiological changes that occur when aging.
 - The ideal drug in the elderly, in general, would have shorter duration, shorter half-life and minimal to no active metabolites as metabolism and excretion of drugs decrease as we age.
 - The least problematic benzo that fits these categories is Lorazepam
 - Caveat is, which shorter duration and shorter half-lives, unwanted effects may be increased with abrupt discontinuation. So tapering is necessary and key to discontinuing these meds appropriately.
 - Conversely, one would want to avoid benzos that have longer durations, longer half-lives and active metabolites if at all possible, like diazepam, flurazepam, and chlordiazepoxide

Psychosocial (non-pharm) Interventions

- Consider using psychosocial interventions to help manage and minimize anxiety in patients.
- Resources:
 - <https://www.nursinghometoolkit.com/nonpharmacological.html>
 - [Clinical practice guidelines for Geriatric Anxiety Disorders](#)
 - [Anxiety and Older Adults: Overcoming Worry and Fear](#) (from the Geriatric Mental Health Foundation)

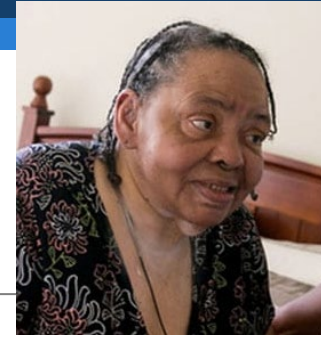
Communicate with Staff

Tip: Let frontline staff know when an anxiolytic medication is being reduced, stopped or changed.

Staff can:

- Watch for and report behavior changes to practitioner
- Plan and begin implementing psychosocial interventions to prevent or minimize patient anxiety (e.g., play soothing music in the shower, go for a walk outside, hand massage with lavender-scented lotion).

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Questions and Discussion

Please use the chat box or raise your hand



Choosing Wisely[®] Champion: Request for Nominations

The Society for Post-Acute and Long-Term Care Medicine, in partnership with the ABIM Foundation, is now accepting nominations for the 2022 *Choosing Wisely*[®] Champions Program.

This award honors clinicians and teams who have gone above and beyond to reduce unnecessary tests, treatments, and procedures in health care.

To submit a nomination for yourself or a colleague, please visit:

<https://amda2015.wufoo.com/forms/choosing-wiselya-champions-program/>

The deadline for submissions is tomorrow, Friday, December 17th, 2021.

AMDA *Choosing Wisely*® Recommendations

- Don't use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.
- Don't routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.
- Don't initiate antihypertensive treatment in frail individuals ≥ 60 years of age for systolic blood pressure (SBP) < 150 mm Hg or diastolic blood pressure (DBP) < 90 mm Hg.

For more information, please visit:

<https://www.choosingwisely.org/wp-content/uploads/2015/02/AMDA-Choosing-Wisely-List.pdf>

Next D2D Progress Check-In

- January 20, 2022