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)

<table>
<thead>
<tr>
<th>Period</th>
<th># of facilities</th>
<th># of long stay patients</th>
<th>Scheduled Meds Per Pt</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>2Q21</td>
<td>814</td>
<td>66,801</td>
<td>8.17</td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>823</td>
<td>66,001</td>
<td>8.09</td>
<td>1.00%</td>
</tr>
</tbody>
</table>

- 1 Quarter Performance Post Baseline
- Early Results Muted But Provide First View to Refocus
% Patients By Category

- **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 6h prn
- Tylenol 1000 mg q 6h prn
- Tramadol 50mg po q 8h
- Lasix 60mg po BID
- Carvedilol 6.25mg BID
- Ondansetron 4mg q 8h 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 8h
- 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-live 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 affects 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.
Consider using psychosocial interventions to help manage and minimize anxiety in patients.

Resources:
- [https://www.nursinghometoolkit.com/nonpharmacological.html](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).
Mrs. Smith

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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:  
Next D2D Progress Check-In

- January 20, 2022