

# Is there an App for that?

## Assessing a web-based tool (MedStopper) as a decision-aid in “Deprescribing”



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“If starting a new medication is like the bliss of marriage, why is stopping it like the agony of divorce?”

# There are many barriers to deprescribing. Including caregivers who:

- Don't know why certain drugs were prescribed in the first place.
- Fear an increased/ unmanageable workload;
- Fear contradicting the order of colleagues or specialists, and;
- Find engaging elderly patients in discussing quality of life/ life expectancy difficult.

# Despite the barriers...

- There is a growing desire from health care providers, aware of overdiagnosis and overtreatment, to seek tools to reduce polypharmacy risk and carry out ‘deprescribing’ activities.
- Many patients don’t want to be stuffing themselves with medications when they’re older. Especially if the drugs are quite likely doing more harm than good.

# MedStopper

## Our funding

- A 'Knowledge-to-Action' (KTA) grant from Canadian Institutes for Health Research. " Goal: to increase the uptake/application of knowledge by supporting partnerships between researchers and knowledge-users to bridge a knowledge-to-action gap."

## Our Team

- Malcolm Maclure, BC Chair in Patient Safety and professor at the Faculty of Medicine, UBC. Alan Cassels, Barb Farrell, Dee Mangin, Rita McCracken, James McCormack, Johanna Trimble.

## Our question

- Can we develop and test a decision support tool to help physicians prioritise individual patient medications for potential discontinuation or dose reduction (reduce polypharmacy)?

# We created Medstopper



**MEDSTOPPER**

*Starting medications is like the bliss of marriage and stopping them is like the agony of divorce. - Anonymous*

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*Medstopper is a deprescribing resource for healthcare professionals and their patients.*

1 Frail elderly?

2 Generic or Brand Name:

3 Select Condition Treated:

Generic Name	Brand Name	Condition Treated	Insert to Table
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## Medstopper Plan

Arrange by:

# Medstopper Plan

Arrange by:

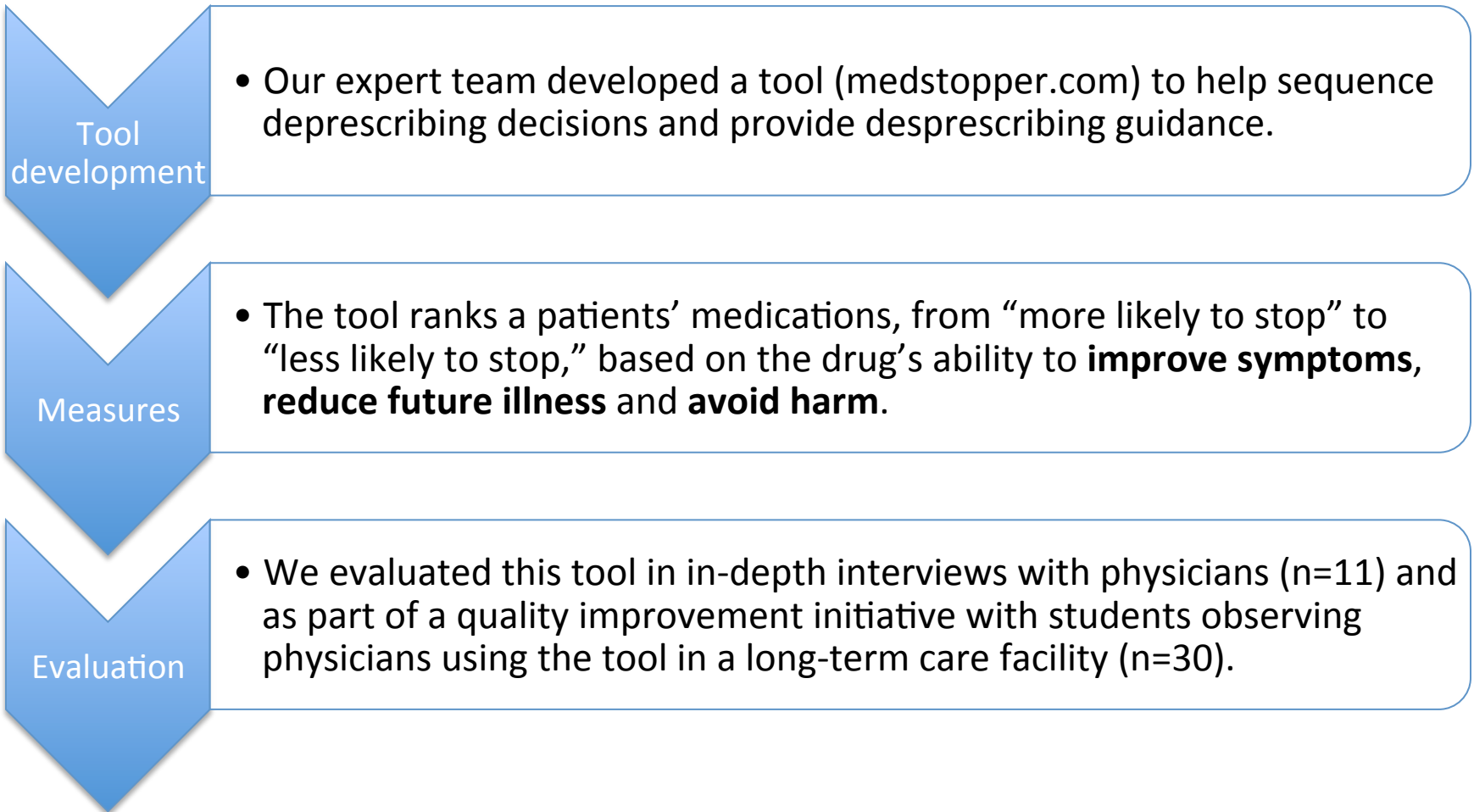
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Stopping Priority	Medication / Category / Condition	May Improve symptoms?	May reduce future illness?	May cause harm?	Suggested taper approach	Possible Symptoms when Stopping or Tapering	Beers/ STOPP Criteria
X	saxagliptin (Onglyza) / DPP4 / type 2 diabetes		 <a href="#">CALC / NNT</a>		Tapering not required	symptoms of increased thirst/increased urination, re-measure A1c in 3 months, measure blood glucose only if high glucose symptoms occur/return	None
X	amlodipine (Norvasc) / Calcium antagonist dihydropyridine / blood pressure		 <a href="#">CALC / NNT</a>		If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the previously tolerated dose.	chest pain, pounding heart, heart rate, blood pressure (re-measure for up to 6 months), anxiety, tremor	None
X	atorvastatin (Lipitor) / Statin / no history of heart attack or stroke		 <a href="#">CALC / NNT</a>		Tapering not required		None

PRINT

# Medstopper Methods:





# Medstopper

- Easy to use, intuitive, and generally helpful.
- Did a good job of prioritizing of the drugs to cut/ taper
- Physicians liked the ‘at a glance’ listing of the drugs by class.
- Tapering advice useful (for most, some said it’s too conservative).
  
- Some additions requested including:
  - CVD calculator
  - Numbers Needed to Treat
  - We should have more indications—some of the drugs are prescribed ‘off label’ and these should also be included in the list of possible indications.
  - Information on drug interactions, costs, and more detail on side effects

# Med Stopper

A parody of the great Beatles song

Day Tripper



MEDSTOPPER

# Next steps

- A randomized trial of Medstopper in physician groups to measure its impact on ease of deprescribing, medication reductions, and impacts on health related factors (falls, cognition, and hospitalizations due to adverse events).

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