Deprescribing Recommendations

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What is Deprescribing?

Deprescribing is a structured approach to identifying and discontinuing medications when existing or potential harms outweigh existing or potential benefits. This is not synonymous with medication cessation; rather, the goal is to use the minimum effective dose and lowest number of medications necessary to manage symptoms and maintain functioning. The approach involves periodic and systematic reassessment of the risks and benefits of medication use, and these principles are in line with American Academy of Child and Adolescent Psychiatry's (AACAP's) recommendations for effective medication management, which include careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects.

Children and adolescents are generally at higher risk of medication side effects than adults. Deprescribing should be applied systematically throughout treatment, and increases safety not only by decreasing current side effects, but also reducing exposure to future potential adverse effects, such as the risk of developing diabetes associated with atypical antipsychotic use. Research suggests other potential outcomes of deprescribing include: reducing adverse drug reactions, improving rates of medication adherence, and reducing financial costs.

Deprescribing Recommendations:

Start with a comprehensive psychiatric assessment:

- Document current symptoms, level of impairment, differential diagnosis and past medication trials. Consider using standardized rating scales to aid with diagnosis and assessing symptom severity.
- Compile a comprehensive list of current medications, including over-the-counter, supplements, and vitamins. Determine the indication or target symptoms for each.
- Whenever possible, retrieve and review records of past psychiatric treatment or testing to best understand the rationale for current regimen.
- Assess effectiveness of medications for reasons started, using available records, current symptoms and functioning, youth's subjective experience, parents' observations, teacher observation when appropriate, and other information sources as indicated.
- Consider risk of overall medication induced harm, keeping in mind that polypharmacy increases risk of side effects beyond additive effects from each medication.
- Review empirical support for maintenance treatment, in the context of expected natural course of the illness.
- Develop a comprehensive treatment plan, including evidence-based psychosocial interventions for any current symptoms impairing functioning, and school consultation/ intervention for symptoms impairing academic functioning.

Identify medications that could be ceased or reduced. Start with medications:

1. Without a clear indication
2. If after assessment, it remains unclear what symptoms the medication was targeting

Deprescribing Recommendations *(continued)*

3. With the least evidence of efficacy for the symptoms or diagnoses the medication is prescribed to treat
4. That were ineffective for the symptoms targeted, or if the symptoms originally targeted have resolved
5. That are prescribed outside of guidelines recommending their use
6. With insufficient benefit to justify harms
7. With the greatest risk of future adverse effects
8. That are part of a prescribing cascade, when side effects of drugs were misdiagnosed and treated as symptoms of another disorder; or when the drug was prescribed to counter the adverse effects of another drug

Develop a plan for medication reduction and cessation. Any recommendation to taper or discontinue a psychotropic medication should be done while engaging in developmentally appropriate collaborative decision-making with the youth and guardian.

1. Inform the youth and family about possible discontinuation effects, including both risks and benefits.
2. Consider the level of risk if symptoms were to relapse, including risk of hospitalization and safety risk from suicidal or homicidal behavior.
3. Develop a crisis or safety plan that identifies coping skills, sources of support, and how to access urgent/emergency services.
4. Avoid times of crisis; choose a time anticipated to have low incidence of significant stressors.
5. Make one change at a time. Allow adequate time for adjustment to dose reduction, which is related medication half-life.
6. Use symptom rating scales to monitor effects over time.
7. Implement indicated psychosocial services as identified in treatment planning step above.
8. Determine the frequency of visits and monitor for withdrawal symptoms or potential relapse.
9. Remain available to the family once medication has ceased to continue to monitor for relapse and resolution of any identified side effects.

If symptoms recur:

- ✦ Wait and observe; exacerbation may be related to natural fluctuations in disease course, or self-limited symptoms related to medication withdrawal.
- ✦ Consider external stressors that may have contributed to exacerbation.
- ✦ Increase therapeutic support or implement psychosocial interventions not yet in place.
- ✦ Reinforce alternative coping strategies for addressing symptoms.
- ✦ Review differential diagnosis and consider updating diagnosis and treatment plan if indicated.
- ✦ Resume medication at the last effective dose. After stabilization, consider whether another trial of discontinuation is warranted.
- ✦ Consider alternative medication, particularly one with greater evidence of efficacy or fewer side effects.