

## Deprescription

### Depreskripcija

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**Introduction and objective:** Deprescribing refers to a process of medication withdrawal, supervised by a health care professional, with the goal of managing polypharmacy and improving outcomes. The aim of this paper is to highlight the key points on who may benefit from and how to deliver deprescription.

**Methods:** The scientific literature available on PubMed in English for recent 10 years related to deprescription was reviewed.

**Results:** Medication-related problems are extremely common in older adults and include adverse drug effects, ineffectiveness, use of medications with no indication, excessive or inadequate dosing, use of potentially inappropriate medications, and nonadherence. Patient characteristics which are good targets for deprescribing efforts include polypharmacy, multimorbidity, renal impairment, transitions of care, medication nonadherence, limited life expectancy, older age, frailty, and dementia. Commonly overused and high-risk medications sedative-hypnotics, strongly anticholinergic medications, long-acting sulfonyleureas, and chronic use of proton pump inhibitors and nonsteroidal anti-inflammatory drugs in the absence of compelling indications are good targets for deprescribing. Deprescribing is best accomplished in a stepwise approach which includes engaging the patient and gathering information, identifying, and deciding on medications to deprescribe, and implementing a deprescribing plan with monitoring and follow-up. Shared decision-making is essential and should include alignment of patient goals and preferences. Effective communication is needed not only between patients and clinicians but also between health care professionals, family, and care givers.

**Conclusion:** Common goals for deprescribing include reducing overall medication burden, reducing the risk of specific geriatric syndromes such as falls and cognitive impairment, and improving global health outcomes such as hospitalization and death.

### LITERATURE

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