WORKSHOP: MEDICATION CONVERSATIONS TO REDUCE FALLS IN GERIATRIC PATIENTS

2018 Winter Refresher Workshop
Wednesday January 31, 2018
1:30-3:20 pm

Medications and Falls
MEDICATION CONVERSATIONS
THE PRIMARY CARE PHYSICIANS’ PERSPECTIVE AND KEY ROLE FOR PATIENTS > 65 YEARS

This course is a statewide effort among 3 members of the Wisconsin Geriatric Education Center (WGEC):

- Aurora Health Care
- Medical College of Wisconsin
- University of Wisconsin – School of Medicine and Public Health

This course is Supported in Part by a HRSA Geriatrics Workforce Enhancement Program award to WGEC – Marquette University with a Subcontract to the Medical College of Wisconsin [HRSA Grant # U1QHP28712].

Collaborative Effort for PI-CME and/or Part IV MOC Portfolio

Presenting Today
- Edmund Duthie, Jr, MD
- Kathryn Denson, MD
- Deb Simpson, PhD

Support PI-CME/Part IV
- Liz Heimerl-Rolland
  - MCW
- Terry Frederick
  - Aurora Health Care
- Barb Anderson
  - UWSOMPH

Managing
- Judy Myers
Disclosures

• Dr. Duthie is a consultant to the American Board of Internal Medicine.

• No other faculty, presenters, planners, or anyone controlling content has any relevant financial relationships to disclose.

Our Objectives Today

1. Recognize the role primary care physicians play in the deprescribing of benzodiazepines, non-benzodiazepine hypnotics, and diphenhydramine to geriatric patients.

2. Link the use of benzodiazepines, non-benzodiazepine hypnotics, and diphenhydramine to falls among geriatric patients.

3. Identify barriers and biases related to initiating medication deprescribing discussions in the primary care setting.
Our Objectives Today

4. Cite evidence that brief patient education on medication and falls can increase patients’ willingness to taper/discontinue use of benzodiazepines, non-benzodiazepine hypnotics, and diphenhydramine.

5. Educate geriatric patients re: likelihood of benzodiazepines, non-benzodiazepine hypnotics, and diphenhydramine being associated with falls and their consequences as impacting patients’ function and quality of life.


** For those who are interested and affiliated with one of co-sponsors, you may launch your Part IV / PI CME activity – the workshop completes “A” or baseline
Today’s Session Flow

• Explore Medications and Fall Risks
  • Complete Quiz
  • Debrief Interactively
• Set your Aim *
• Key Features of Medication Discussion
  • Barriers
  • Initiating a discussion/scripts and practice
• Q&A or Part IV or PI-CME Launch
  • Q&A with presenters or
  • Meet with respective CME Providers *

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Your Turn – Check Your Understanding: The Role Of PCP in the tapering/ discontinuation of benzodiazepines, non-benzodiazepine hypnotics, and diphenhydramine in patients ≥ 65 years old

Quiz
Debrief Quiz Q1-2

1. One in ____ adults 65 years or older fall each year.
   a. 12 (8% fall rate)
   b. 10 (10% fall rate)
   c. 6 (17% fall rate)
   d. 4 (25% fall rate)
   e. 3 (33% fall rate)
   f. 2 (50% fall rate)

2. More than 95% of hip fractures are caused by falling, usually by falling sideways.
   a. True
   b. Unsure
   c. False

Debrief Quiz Q3-4

3. Up to one-third of patients with a hip fracture die within one year of their fracture.
   a. True
   b. Unsure
   c. False

4. A fall can take away what matters most to older adults including independence as 50% of fallers decrease social and physical activity with a 3-10 fold increased risk of ending up in a nursing home.
   a. True
   b. False
Debrief Quiz Q5-6

5. Psychiatrists prescribe the largest absolute number of long-term benzodiazepines.
   a. True
   b. False

6. Benzodiazepines are associated with a statistically and clinically significant increase in risk(s) for falls and fractures.
   a. True
   b. False

Debrief Quiz Q7

7. Barriers to PHYSICIAN deprescribing (Check all that are true)
   A. Worry about stopping medication(s) started by others
   B. Limited knowledge regarding how to stop medication (taper process)
   C. Concern about medication withdrawal effects
   D. Lack of resources including limited time and decision to focus on other important medical issues
   E. Fear of jeopardizing doctor-patient relationship
   F. Unwillingness to question other colleagues’ prescription rationales
   G. Finding non-pharmacologic approaches to manage symptoms
Debrief Quiz Q8

8. Barriers to PATIENT deprescribing associated with falls (Check all that are true)
   A. Lack of awareness that deprescribing is possible
   B. Lack of understanding why a medication should be discontinued including potential adverse effects
   C. Perceptions that falls are inevitable with aging
   D. Less than 50% of older adults who fall discuss the fall with their healthcare provider
   E. Lack of perceived support from healthcare provider to deprescribe

Barriers: Initiating conversations about falls and benzodiazepines, non-benzodiazepine hypnotics, and diphenhydramine
Debrief Quiz Q9-10

9. Over 2 out of 3 older adults believe that medications are necessary to improve health AND would like to reduce their current medication use.
   a. True
   b. False

10. The most common reasons for physicians to prescribe benzodiazepines to older adults include (check all that are true)
    a. Alcohol Dependence
    b. Anxiety
    c. Behaviors associated with Dementia
    d. Depression
    e. Insomnia

Debrief Quiz Q11-12

11. Convincing a patient to taper/discontinue benzodiazepines is unlikely to succeed.
    A. True
    B. False

12. Approximately 85% of older adults placed greater importance on reducing the risk of fall injuries and medication symptoms than on reducing the risk of cardiovascular events.
    A. True
    B. False
Debrief Quiz Q13-14

13. Educating patients about the potential risks of long-term benzodiazepine use in an effective first stop in tapering benzodiazepine use.
   A. True
   B. False

14. Focusing goals of care discussions for older adults on disease specific targets rather than quality of life (improved symptom management and function) positively influences patient’s willingness to taper selected medications.
   A. True
   B. False

Debrief Quiz Q15

15. Less than one quarter of older adult patients who received a direct-to-consumer educational leaflet about benzodiazepine cessation will bring the topic up with their clinician.
   A. True
   B. False
Debrief Quiz Q16

16. What is your professional discipline?
- Nursing (please specify: RN, NP, CNS, LPN, DNP, PhD, Other)
- Social Work
- Pharmacy
- Medicine (please specify: Family, Internal, Geriatrics, Psych, Rehab, Other)
- Physician Assistant
- Rehabilitation Therapy (please specify: PT, OT, SPA, Respiratory, Other)
- Other (please specify):

Debrief Quiz Q17-18

17. Are you a faculty member (full- or part-time) at any institution of higher education (including medical/health professions) school?
   A. Yes
   B. No

18. Do any of the following describe your employment location? (Check all that apply)
   A. Primary care setting
   B. Medically underserved area
   C. Rural area
   D. None; not applicable
Medications: What your patients are hearing

Significance of Falls

• According to the CDC, falls are the leading cause of both fatal and nonfatal unintentional injury among adults aged 65 or older in the US.
• One in three to one in four adults aged 65 or older fall each year.
• Falls account for >95% of hip fractures which can be deadly. Up to one third of patients with a hip fracture die within a year.
Medications and Falls in Primary Care

• Primary care physicians prescribe the largest absolute number of long-term benzodiazepines

• Benzodiazepine, non-benzodiazepine hypnotics, and diphenhydramine use tend to increase significantly with age.
  • Insomnia increases with age
  • Anxiety tends to decline with age

Resource – Geriatric Fast Facts

http://www.geriatricfastfacts.com/
Deprescribing Medications in Elderly Patients - #68

Assessment

1. Identify appropriate medications for deprescribing in elderly patients.
2. Evaluate the risks and benefits of each medication.
3. Collaborate with patients to develop a plan for deprescribing.
4. Monitor patients closely after initiating deprescribing.

Deprescribing Benzodiazepines in Elderly Patients - #73

Assessment

1. Identify patients who are candidates for deprescribing benzodiazepines.
2. Evaluate the risks and benefits of each benzodiazepine.
3. Collaborate with patients to develop a plan for deprescribing.
4. Monitor patients closely after initiating deprescribing.
Your own care management data

• In the LAST WEEK, I have initiated approximately _____ discussions with my patients > 65 years old regarding fall risk associated with benzodiazepines, non-benzodiazepine hypnotics, and diphenhydramine.
  • 1-2
  • 3-4
  • 5-6
  • 7-8
  • 9-10
  • 11-12
  • 13-14
  • > 15

Initiate a conversation

• As physicians you already utilize scripts.
• Break into small groups to develop a script on how to initiate the conversation.
• Share your script.
Debrief

- Education about the risks of the medications is an effective first step.
- Often minimal interventions are needed to initiate a slow tapering protocol.
- Offering the patient written educational material has been found to be effective.
- Consider cognitive behavioral therapy
- Avoid adding new psychopharmacological agents during the taper

Questions

Breaking Apart

PI-CME // Part IV MOC
Credits?

If affiliated with:
- Aurora Health Care
- Terry Frederick
- MCW
- Liz Heimerl-Rolland
- UWSOMPH
- Barb Anderson

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- Question and Answers