

# For deprescribing medications, what the doctor says is key

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When an older patient no longer needs a medication or requires less dosage, doctors may consider "deprescribing" the medicine. Deprescribing enables clinicians to stop or reduce medications that are

no longer beneficial or may even be harmful for a patient.

However, getting people to change their habits—especially the regimens for taking medications—may require doctors and other [health care providers](#) to think carefully about how they communicate deprescribing.

In a recent study, Johns Hopkins Medicine researchers examined the ways older patients prefer to get this communication, finding that "how it's said" can determine the success or failure of the process.

A report on the findings was published April 5, 2021, in *JAMA Network Open*.

"We tested targeted language that providers could use when suggesting patients stop potentially harmful medications," says study lead author and geriatrician Ariel Green M.D., M.P.H., Ph.D., assistant professor of geriatric medicine at the Johns Hopkins University School of Medicine.

Green and the research team say medicines that were helpful at one stage of life may be harmful or unnecessary at another stage of life. The language used by providers when reducing or stopping medications can help patients and their loved ones make better-informed decisions.

In the study, the researchers shared two scenarios with 835 adults age 65 and older related to medication regimens. One scenario involved a patient taking a statin or a cholesterol-lowering medication to prevent problems such as heart attacks or strokes, and the other scenario involved a sleeping pill being taken for the bothersome, but not life-threatening, symptom of insomnia.

The findings showed that patients were more likely to agree to stop taking the statin medication and the sleeping pill when doctors mentioned that the risk of side effects increased as a result of aging and

co-existing health problems. In contrast, patients were less likely to agree to stop taking the statin when doctors used a phrase such as, "I think we should focus on how you feel now rather than thinking about things that might happen years down the road." They also were more hesitant to stopping the sleeping pill when told, "This medicine is unlikely to help you function better."

The study was conducted between March and April 2020. The average age of survey participants was 73 years old; 50% of participants were women; and 80% identified as white. Of the participants surveyed, 59% had personally taken a statin and 15% had taken a sleeping pill. Study participants were asked to choose from seven different phrases that a clinician could use to explain a recommendation for deprescribing.

The research team is currently developing and testing several interventions to improve prescribing—and deprescribing—medications for older adults in [primary care](#), especially people living with memory problems or dementia. The current study shows that these interventions incorporate key language and rationales that improve the effectiveness of communication about medication use and deprescribing among older adults, their families and doctors.

**More information:** Ariel R. Green et al. Assessment of Patient-Preferred Language to Achieve Goal-Aligned Deprescribing in Older Adults, *JAMA Network Open* (2021). [DOI: 10.1001/jamanetworkopen.2021.2633](#)

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