

'Shed-MEDS' protocol can reduce risk of drug interactions in older people

February 6 2023



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An estimated one in six older adults in the United States who take multiple prescription drugs risk major drug-drug interactions and other adverse drug effects that can worsen their medical conditions, increase the likelihood of cognitive impairment and falls, and lead to hospitalization or death.

Deprescribing is a systematic effort to identify, reduce the dose or stop unnecessary or potentially inappropriate medications in a manner that is safe and effective. One approach is Sheds-MEDS, a hospital-based, pharmacist- or nurse practitioner-led, and patient-centered deprescribing protocol developed at Vanderbilt University Medical Center.

Reporting Feb. 6 in the journal *JAMA Internal Medicine*, Eduard Vasilevskis, MD, MPH, and colleagues found that implementing the Shed-MEDS protocol in the hospital prior to discharge to a post-acute care facility, such as a nursing/rehabilitation center, significantly reduced the number of medications patients received.

While the rates of adverse drug events were similar between patients randomly selected to receive the deprescribing intervention and a [control group](#) that did not, the reduced medication burden persisted for at least 90 days, and "the intervention additionally reduced exposure to potentially inappropriate medications," the researchers reported.

"This study demonstrates that the hospital may be a safe and effective health care setting to help address the epidemic of polypharmacy often seen in older hospitalized adults," said Vasilevskis, associate professor of Medicine and chief of the Section of Hospital Medicine.

"Furthermore, post-acute care settings, such as skilled nursing facilities, may be valuable partners to continue safe deprescribing practices," he said.

Further research is necessary to determine the impact of deprescribing on long-term clinical outcomes, the researchers added.

More information: Eduard E. Vasilevskis et al, Deprescribing Medications Among Older Adults From End of Hospitalization Through Postacute Care, *JAMA Internal Medicine* (2023). [DOI:](#)

[10.1001/jamainternmed.2022.6545](https://doi.org/10.1001/jamainternmed.2022.6545)

Provided by Vanderbilt University Medical Center

Citation: 'Shed-MEDS' protocol can reduce risk of drug interactions in older people (2023, February 6) retrieved 26 April 2024 from <https://medicalxpress.com/news/2023-02-shed-meds-protocol-drug-interactions-older.html>

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