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WORKSHOPS



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W1- Deprescribing Research: A Workshop Addressing Study Design, Measurement, and Implementation Challenges in Primary Care

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Introduction: Small groups will work through key decisions needed to design a deprescribing study, using primary care as an example, addressing study design, measurement, and implementation challenges. At different points participants will be asked to consider options and choose. The goal is to gain experience considering different strategies and be able to provide a rationale for choices. This format was successfully implemented at the 2023 North American Primary Care Research Group meeting.

Intended audience: Early-career investigators and all interested in trials and quality improvement (QI)

Learning objectives:

- To appreciate key considerations in designing a deprescribing trial or quality improvement initiative
- To develop insights into behavior change targets and strategies that can facilitate effective deprescribing
- To understand opportunities and challenges of outcome measures for deprescribing interventions
- To facilitate collaborations between workshop participants for potential future work

Methods: This interactive workshop will give participants hands-on experience with key design challenges in developing a clinical trial or quality improvement initiative around deprescribing.

The workshop will begin with a brief introductory talk (10 minutes) that provides an overview of key design decisions in developing a trial or QI initiative around deprescribing and introduces the small-group activity (10 minutes)

The majority of the session (60 minutes) will comprise breakouts where participants will divide into groups of 5 to 8 people, aligned around a broadly shared interest. In each small group, a program faculty member or group nominee will use a discussion guide to lead the group in discussion around a series of 7 choice nodes for study design. Learning will occur in the group's discussion about each choice, i.e. the challenges and opportunities that arise from different potential choices. Groups will be encouraged to spend the most time on choices #3 (Intervention) and 5 (Outcomes). The choice nodes are:

Choice #1: What medication(s) do you wish to target?

Choice #2: What type or scale of project do you want to plan?

Choice #3: Design or describe your intervention, including:

3a) Who will receive the intervention? Whose behavior are you trying to influence?

3b) What will the intervention entail?

3c) Will there be a control or comparator arm? What will that arm get? if you are discussing a QI project, what will you use as your control group so that you can measure whether the intervention has made a difference?

Choice #4: Identifying and recruiting your population

Choice #5: Process and Outcome measures

Choice #6: Stakeholder Engagement

Choice #7: Informed Consent

The final 20 minutes will be devoted to each group briefly sharing the project they developed, with the focus on which choices were most difficult, why they made the choices they did, and how they will apply learnings to their future work. Full-group discussion to expand on these points will be facilitated by the workshop leaders.

Conclusion: This interactive workshop will give participants hands-on experience in thinking through intervention design considerations, providing learnings for future work. In addition, small groups aligned around common interests may stimulate potential collaborations between participants for future work.

Keywords: deprescribing study design, primary care

W2- Deprescribing Communication: Global summary and Application Opportunities.

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Introduction: The need for deprescribing is well known globally. While all interventions ultimately include some form of communication, not all interventions are explicit about how this communication occurs. Deprescribing interventions and associated communication techniques range from interpersonal conversations to broadly disseminated and widely accessible information at the population level. A global review of deprescribing communication has been conducted by an international group of deprescribing researchers. Findings of this review will be summarized and a conceptual framework of deprescribing communication will be presented during this workshop. Using these findings and contributions from other workshop participants, attendees will be able to apply acquired knowledge of communication techniques to inform the development of deprescribing interventions that are relevant and feasible in their local environments.

Intended audience: Clinicians and researchers involved in the delivery and/or study of communication techniques associated with deprescribing.

Learning Objectives:

- Identify findings of a global review of deprescribing communication.
- Discuss findings to identify communication techniques that are most applicable to participants' practice/research.
- Identify and share communication strategies and tools for deprescribing interventions from the participant's practice/research/network
- Using knowledge gained from LO's 2 and 3, draft deprescribing interventions with corresponding communication strategy targeting the clinical encounter, health system or community for implementation in participants' locale.

Methods: A brief presentation will be followed by a series of small group discussion activities that will engage participants in active collaborative learning to accomplish the above objectives.

15 minutes - presentation of findings from the literature review and a proposed conceptual framework for deprescribing communication. (LO #1)

15 minutes - small group discussion to identify communication techniques applicable to individual's

practice/research. (LO #2)

15 minutes - small group discussion to identify communication strategies/tools not identified in the literature review. Report back to large group. (LO#3)

10 minutes: Break and Networking opportunity

30 minutes - participants choose an area of interest from 1) clinical encounter, 2) health system or 3) community/public health. Through sharing and analyzing communication strategies and tools, groups brainstorm and draft intervention(s) and report back. Reports will include a) intervention, b) communication technique(s)/tool(s), c) implementation plans and d) plans to study communication effectiveness. (LO #4)

5 minutes - Final reflections/recommendations

Conclusion: Workshop participants will gain and share knowledge on deprescribing communication for application in home environments.

Keywords: Deprescriptions, communication

W3- Integrating Deprescribing Competencies into Health Care Curricula: A ‘How To’ Workshop

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Introduction: A number of health care professionals’ barriers to deprescribing have been identified in research, including the need for more knowledge and skills about how to deprescribe safely. In 2023, the Canadian Medication Appropriateness and Deprescribing Network Health Care Provider Education Committee published a curricular framework to support deprescribing education. This framework outlines seven essential competencies mapped to current prescribing frameworks, relevant knowledge and skills, sample teaching and assessment strategies, an example curriculum mapping exercise and a supportive toolkit. This workshop aims to help educators identify curricular gaps and look for efficient and effective ways to integrate deprescribing competencies. It will adopt a train-the-trainer approach to equip interested participants with the information and tools they need to subsequently host this workshop with others in their institution, profession or region.

Intended audience: This workshop will be relevant to educators in the health professions, particularly those in medicine, pharmacy and nursing involved in the design and delivery of entry-to-practice and residency programs, interprofessional education as well as to health professional program accreditors. This will be of interest to those involved in teaching therapeutics, professional practice skills, experiential/clerkship education, and curriculum administrators.

Objectives: At the end of the workshop, participants will be able to:

- Outline the deprescribing competencies and related knowledge and skill requirements;
- Develop a plan to integrate deprescribing components into curriculum, and
- Hold a similar workshop with others in their institution, profession or region who could apply this information.

Methods: Registrants will have been guided to the published manuscript in advance and will be able to bring their teaching materials (e.g. course outlines, case studies, lecture handouts) and any relevant materials to share.

The 90-minute interactive workshop begins with a short presentation about the essential knowledge and skills for deprescribing, then uses a World Café approach to identify and share teaching and assessment strategies for integrating deprescribing competencies. Participants will rotate through facilitated small group discussions and report back take away points to the larger group. The workshop will include the development of individual action plans to incorporate deprescribing competencies focusing on identifying curricular gaps, determining curricular content and considering strategies to teach and assess deprescribing.

This workshop will also adopt a train-the trainer approach. Following the session, a toolkit describing methods and materials will be provided to participants interested in holding a similar workshop for others in their institution, profession or region.

Conclusion: This workshop will equip health care professional clinician educators with tailored

strategies to advocate for, and integrate, deprescribing competencies into curriculum. Furthermore, by adopting a train-the-trainer approach, this workshop will provide deprescribing leaders the opportunity to ultimately hold a similar session in their own institution, profession or region.

References:

Farrell B, Raman-Wilms L, Sadowski CA et al. A Proposed Curricular Framework for an Interprofessional Approach to Deprescribing. *Med Sci Educ* 2023;33:551–567. <https://doi.org/10.1007/s40670-022-01704-9>

Keywords: deprescribing, curriculum, framework, education, competencies, healthcare professionals, interprofessional

W4- W13- Developing and implementing team-based deprescribing actions at the institutional level

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Introduction: Most deprescribing interventions target individuals. However, in some settings, many deprescribing actions can be initiated at the institutional level, which requires less resources and can have a broad impact. In this workshop, participants will experience the methodology developed for the Simple.ID project, which helps interprofessional teams create local deprescribing consensus to improve the care of nursing home residents.

Intended audience: This workshop is best suited for clinicians working in institutions (nursing homes, home care networks, rehabilitation ward, etc.), and researchers interested in these settings.

Learning objectives:

- At the end of this workshop, the participants will be able to
- Select metrics to identify and prioritise deprescribing actions in their institution;
- Integrate the perspective of different professional groups to craft a collaborative deprescribing consensus;
- Devise implementation strategies for the chosen deprescribing consensus;
- Identify the facilitators and barriers to this kind of intervention in their respective environment.

Methods: After a brief presentation of the speakers, their research context, and the Simple.ID project, the participants will engage in the activities described below. All group activities could be held in language groups (French and English) to allow for the participation of as many as possible. The maximum number of groups will be defined by the number of available moderators.

Group discussion: Data (Duration: ≈ 15 minutes)

With the help of a moderator, groups of ≈ 10 participants will discuss which data can be used to identify “low-hanging fruits” deprescribing actions in their institution. Questions to be discussed are:

1. What data are available in your setting?
2. Which metrics can you build /use to identify deprescribing opportunities and needs?
3. How can you prioritise the deprescribing opportunities that you have identified?

1-2-all: Work on real-life data (Duration: ≈ 45 minutes)

Within the previously established groups, participants will form “interprofessional pairs” and work on real-life data (provided by the speakers) to identify deprescribing opportunities and needs in the institution. Participants will first work individually to identify 3 deprescribing actions, then compare their results within the interprofessional pair, and finally discuss them with the whole group.

The group will then be tasked to select 3 actions to be implemented. A “whole workshop” discussion will then be held to compare the results of the different groups.

Groups will then work on implementation strategies to ensure that the 3 chosen actions are enacted, and present them to the whole workshop.

Group discussion: Context (Duration: ≈ 15 minutes)

Groups will discuss the contextual factors needed to implement similar interventions in their environment. The points to discuss include which professionals are needed in the team, their respective roles, the educational requirements, and the resources needed for success.

Synthesis discussion

Each group will be asked to summarise the results of their discussions, with the speakers providing insights evidence from practice.

Conclusion: Following this workshop, participants will be able to implement an efficient deprecating practice in their institutions.

Keywords: interprofessional, institution, data driven approach, implementation

W5- Inappropriate prescribing cascades: Identifying and deprescribing the domino effect

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Introduction: Prescribing cascades occur when a medication is prescribed to treat an adverse effect related to another medication. These cascades are often inappropriate, whereby a medication's adverse effect may be misinterpreted as a new medical condition, leading to the prescription of additional medication(s) to address this adverse effect, rather than deprescribing the original medication. This phenomenon represents a significant and often overlooked challenge in clinical practice, leading to inappropriate polypharmacy, increased risk of adverse drug reactions, and diminished patient quality of life. Even when prescribing cascades are identified, clinicians can find it difficult to know how to deprescribe this domino effect, especially when it comes to the more complex scenarios involving "deprescribing cascades". Through interactive patient cases and deprescribing activities, this workshop will allow participants to gain deeper insights into recognising and deprescribing these cascades to enhance patient care.

Intended Audience: This workshop is designed for healthcare professionals (e.g. including pharmacists, physicians, nurse practitioners, and physician assistants) and students training to become healthcare professionals who are or will be involved in prescribing medications or managing patients' medication regimens.

Learning Objectives: This workshop will help participants to:

- Describe the different types of prescribing cascades and why they matter.
- Consider practical steps that can be incorporated into practice to help minimise prescribing cascades for patients.
- Critically evaluate and discuss patient cases with prescribing cascades.
- Enhance their abilities to identify prescribing cascades as well as generate deprescribing recommendations to address inappropriate prescribing cascades.

Methods: The workshop will commence with an explanation of its aims and learning outcomes, followed by an interactive icebreaker to assess participants' challenges in this area (5 minutes). Secondly, brief presentations will introduce key concepts and provide an overview of practical steps and good deprescribing practices that can be used to help identify and deprescribe prescribing cascades (20 minutes). Clinical cases based on real-life patients will then be provided to participants in small groups, which will require discussion and problem-solving to identify prescribing cascades and collaboratively generate deprescribing plans and other management strategies (25 minutes). Thereafter, a plenary discussion will take place to combine feedback and questions from small-group discussions to the whole group, facilitating learning from each other and stimulating further discussion on deprescribing strategies (35 minutes). At the end of the workshop, key resources and take-home messages will be highlighted to participants to aid the minimisation of prescribing cascades in future (5 minutes). Workshop moderators (from three countries) will be available to engage with participants throughout the workshop (e.g. by dipping in and out of small groups) to address any queries and facilitate group discussions.

Conclusion: This workshop will equip participants with the knowledge and skills necessary to identify and deprescribe prescribing cascades, ultimately improving patient outcomes and reducing the burden of inappropriate polypharmacy.

Keywords: Prescribing cascades, patient cases, deprescribing

W6- Deprescribed or discontinued? A lexical question that makes a significant difference for research and clinical practice

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Introduction: Deprescribing research is trending, with an increasing number of articles being published on this topic. However, the term “deprescription” is sometimes misinterpreted in research, complicating the attainment of conclusive results and implementation in clinical practice. The workshop aims to present the latest data on primary research outcomes and systematic reviews in deprescription, to differentiate between studies focusing on deprescription and those addressing medication discontinuation in a broader sense. Participants will be asked to weigh in on what should be part of the standards to establish deprescription and differentiate it from other forms of discontinuation, in various contexts (clinical trials, observational studies, including medical-administrative data). Ultimately, these elements will be integrated into an article to provide the groundwork for guiding research and clinical practice.

Intended audience: Clinicians and researchers interested in deprescribing research and/or its implementation in clinical practice.

Learning objectives:

- Differentiate between studies focusing specifically on deprescription and those addressing medication discontinuation more broadly.
- Identify the challenges and complexities in defining deprescription in research and its implication for clinical practice.
- Discuss and propose standards for defining deprescription in research and distinguishing it from other forms of medication discontinuation in different contexts.

Methods: The workshop will begin with a review of the various definitions of deprescription in clinical trials, observational studies, and systematic reviews. We will identify the main characteristics and divergences between these definitions in relation to key deprescription concepts. We will discuss the implications of these divergences on study outcomes (Objective 1). Next, participants will be invited to examine various scenarios where deprescription definitions will be proposed for different types of studies. They will weigh in on the essential elements to clarify in the definition or methodology for an accurate conceptualization of deprescription in each context. Pitfalls to avoid will be highlighted, and the capacity to replicate/ transfer the results into clinical practice will be assessed (objective 2). At the end of the scenario discussion, participants will vote to establish a prioritized list of the key elements to include in the different studies (objective 3).

Conclusion: This workshop will allow participants to grasp the challenges associated with defining deprescription in various study contexts, as well as the methodological implications for results and their translation into clinical practice. Framing deprescription research with rigorous methodology will yield evidence-based data that facilitates the implementation of deprescription in clinical practice.

Keywords: pharmacoepidemiology, deprescribing definition, methodology

W7- Deprescribing long-term use of antidepressants: strategies for clinical practice.

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Introduction: Long-term antidepressant use is high in high-income countries. Depression guidelines recommend that antidepressants should be taken up to 6–12 months after remission and up to 2 years after remission in those at high risk of relapse. However, an increasing number of patients who feel well continue to use antidepressants much longer than recommended, even for years, without clear indication. This long-term usage contributes to the rising consumption of antidepressants. For health care professionals and patients, fear of relapse is a major reason for not initiating a discussion about discontinuing the antidepressant. The workshop integrates the latest research findings with clinical aspects and offers practical insights for safe and effective deprescribing long-term antidepressant use.

Intended audience: General practitioners, pharmacists, geriatricians, psychiatrists, nurses, and psychologists.

Learning objectives:

- Understanding the rationale, the pro and the cons of deprescribing long-term antidepressants, including the risks and benefits with long-term use
- Insights into the pharmacological principles and the tapering schemes for deprescribing antidepressants
- Recognize potential barriers to deprescribing antidepressants and explore strategies to overcome them.
- Develop strategies for engaging patients in discussions about deprescribing antidepressants, and supporting them through the deprescribing process.
- Collaborating with a multidisciplinary healthcare team in the deprescribing process.

Methods: This workshop stimulates intensive interaction with the participants by using clinical cases, poll votes, video fragments and discussions of participants' views and experiences.

Conclusion: This workshop aims to increase participants' confidence by providing practical tools, and to facilitate safe and effective deprescribing long-term antidepressants in clinical practice. In addition, the workshop encourages a dialogue between researchers, clinicians, and other stakeholders to address this deprescribing challenge.

W8- The role of the private sector in deprescribing: What role should pharmaceutical and biotechnology companies play?

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Background: Pharmaceutical and biotechnology companies play an important role in developing and bringing new medical products and devices to the market (e.g., new medications, AI-driven solutions to optimize prescribing). It is also important to recognize the intricate link between industry-driven conflicts of interest and the promotion of unnecessary or excessive prescribing, and how this dynamic contributes to the critical need for deprescribing initiatives. Pharmaceutical and biotechnology companies have started to express an increased interest in deprescribing by offering sponsorship for ICOD 2024. This has raised concern over conflicts of interest and stimulated early discussion about the potential benefits and downsides of such partnerships. Dialogue is needed to establish ground rules to guide sponsorship opportunities and future collaborations with private sector actors.

Objective: The aims of this workshop are to discuss the role of pharmaceutical and biotechnology companies in supporting deprescribing, to identify the key steps that are needed from private-sector actors to make medication deprescribing more feasible for clinicians and to determine how to move forward with parameters and principles regarding future collaborations.

Approach: Before this workshop, we will conduct an online survey with clinicians and deprescribing researchers. The survey will assess respondents' attitudes towards opportunities and future collaborations with private sector actors. The content of the survey will be based on the literature on conflicts of interests. The survey will help identify the key ways that engagement with pharmaceutical and biotechnology companies can help address needed information about medication deprescribing (e.g., share pharmacokinetic data in frail older people/patients with renal impairment/etc. from clinical trials, share clinical trial data on types, prevalence, and severity of adverse drug withdrawal events during and after stopping medications, deprescribing recommendations in product monograph, sponsorship of deprescribing trials, etc.). At the workshop, we will first present the findings from the survey and discuss examples from the existing literature and repositories (e.g., on data sharing). Next, there will be a roundtable discussion with clinicians, researchers, and representatives of private sector actors to discuss the main challenges and opportunities for collaborating with private sector actors around deprescribing (e.g., how potential conflicts of interest can be avoided and/or addressed).

Findings: The expected output of this workshop will be a manuscript summarizing the discussion and detailing the key issues and lessons identified to guide future collaborations with private sector actors in the field of deprescribing.

Conclusion: This workshop will shed light on the role of pharmaceutical and biotechnology companies as well as other private sector actors in the field of deprescribing. It will help establish ground rules on how future International Conferences on Deprescribing will engage with private sector actors.

Keywords: deprescribing, pharmaceutical companies, biotechnology companies, private sector, conflicts of interest

W9- Innovations and challenges in deprescribing opioids in older people

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Introduction: In the Netherlands, increased attention for deprescribing has resulted in the development of a Dutch guideline for stopping and tapering medication. Part of this guideline are deprescribing protocols for 10 different medication groups. In 2023, another 5 protocols for psychotropic drugs were developed by SIR Institute for Pharmacy Practice and Policy.

In 2022 a Dutch cluster randomized trial has been launched to investigate the effect of a clinical medication review with the focus on deprescribing in older patients. During this pharmacist-led intervention pharmacists are trained on consultation and deprescribing, and a developed toolbox to support the intervention is provided.

Intended audience: Clinical pharmacists and researchers.

Learning objectives: This workshop will focus on improving the participant's knowledge, skills and techniques on deprescribing. After attending this workshop participants should be able to:

- Use the provided tools and resources to carry out deprescribing and enhance their clinical judgement, in particular assess each drug in regard to its current or future benefit potential compared with current or future harm or burden
- Describe the steps of a deprescribing protocol, and the importance of the follow-up targeting older people using psychotropics and/or opioids
- Become familiar with different patient' perspectives on deprescribing and how to address these in the patient consultation
- Describe the importance of considering individual patient characteristics, preferences and patient involvement in the context of deprescribing

Methods:

- *Introduction:* Short presentation of the Dutch guideline for stopping and tapering medication and deprescribing protocols and objectives of the workshop
- *Interactive quiz:* Participants will be invited to use their smart phone to answer questions about cases of adverse drug events and deprescribing
- *Practicing with a patient case in small groups:* The group will be split into small groups of 3 persons. We give participants the opportunity to work with clinical case studies. They will receive medical and medicine information and have to set up in a pharmaceutical care plan taking into account patient' preferences and using deprescribing guidelines. The pharmaceutical care plans will be discussed plenary.
- *Take home messages:* Summary of the information presented and take home messages

Conclusion: We will create a supportive learning environment and enhance engagement of the participants throughout the workshop. After a short presentation and introduction, an interactive quiz will be held. Furthermore, we will work in small groups to give participants the opportunity to practice in a safe environment. The moderators will facilitate and enhance discussion if needed.

Keywords: deprescribing, psychotropics, opioids, older people

W10- Global Workshop on Engaging Stakeholders in Deprescribing and Age Friendly 4Ms Care

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Introduction: The intent of this workshop is to share insights into Age Friendly 4Ms (<https://www.ihl.org/initiatives/age-friendly-health-systems>) efforts focusing on the medication “M” and the importance of involving stakeholders and community partners in deprescribing efforts. These partnerships help identify and address community concerns which can lead to the co-design of culturally centered education and programs to overcome misconceptions about deprescribing as well as address “What Matters”. Furthermore, these relationships need to go beyond the traditional paradigms to ensure equity, diversity and inclusivity and create meaningful and enduring collaborations.

Intended audience: Clinicians and clinician-researchers from any healthcare professional background as well as consumers interested in stakeholder engagement and global perspectives.

Learning Objectives: At the end of this workshop, the participant should be able to:

- Define what is stakeholder engagement
- Identify approaches to successful stakeholder engagement across all stages of the research and collaboration.
- List opportunities and challenges of stakeholder engagement
- Create a network as well as personal collaborations for future opportunities

Methods: This interactive workshop will give participants hands-on experience with developing a stakeholder engagement plan and strengthening stakeholder relationships. The workshop will begin with a brief overview (10 minutes) that provides participants a global perspective on 4M’s Age Friendly Care focusing on the Medication “M” and the importance of stakeholder engagement focusing on deprescribing efforts. Themes as well as examples of stakeholder engagement projects to co-design resources will be shared. Then there will be an expectation setting for the small-group activity (5 minutes). Most of the session (60 minutes) will comprise of breakouts where participants will divide into groups of 6-8 individuals. The facilitated groups will: 1) Create a stakeholder engagement plan that relates to deprescribing in an identified setting based on their interests; and 2) Share resources that are needed or exist to support stakeholder engagement. (e.g. Lee, M., Brandt, N., Reyes, C.E., Mansour, D., Maslow, K., Sarkisian, C. Practical Incorporation of Stakeholder-Informed Ethics into Research Funding Decisions. Progress in Community Health Partnerships. (Forthcoming.) 2 January 2024) The workshop will close with a facilitated global discussion between the small groups to summarize main discussion points and key learnings. (15 minutes)

Conclusion: Sharing the voice of stakeholders and partners will help to maximize the relevance and impact of research on deprescribing harmful or inappropriate medicines taken by older adults aligning with Age Friendly 4Ms efforts. It is imperative to involve stakeholders through all phases of the research process to harness an open learning environment to improve medication use and safety

for older adults and those who care for them.

Keywords: stakeholder engagement, Age Friendly 4Ms Care, deprescribing

W11- Economic evaluations of deprescribing interventions

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Introduction: Deprescribing interventions have significant economic implications and potential benefits across different levels of the healthcare system, from individual patient costs to broader societal healthcare expenditures. Robust economic evaluations are needed to assess whether funding deprescribing interventions represents high-value use of scarce healthcare resources. Value is typically assessed by examining the costs and effects (e.g. Quality-Adjusted Life Years (QALYs), or “natural units” like number of inappropriate medications), versus a comparator. For deprescribing interventions, there are various challenges in fully capturing relevant costs/effects within economic evaluations.

There is a growing body of deprescribing trial-based economic evaluations. The economic evaluation of the SPPIRE trial (Supporting Prescribing in Older Adults with Multimorbidity in Irish Primary Care) has recently been completed. This evaluated the effectiveness of GP-delivered, deprescribing-orientated medication reviews for people on ≥ 15 medications. The economic evaluation concluded that on average, the SPPIRE intervention was dominant over usual care, with non-statistically significant mean cost savings of €410 (95%CI: -2211,1409) and mean health gains of 0.014 QALYs (95%CI: -0.011,0.039).

This workshop aims to orientate participants to key principles of economic evaluations as they apply to deprescribing interventions, and stimulate discussion on optimal approaches.

Intended audience:

- Researchers (e.g. health services, health economics)
- Clinicians (e.g. primary care physicians, geriatricians, pharmacists)
- Other stakeholders (e.g. policy-makers, educators, patient /consumer representatives)

Learning objectives:

- Understand the economic implications of deprescribing interventions in healthcare settings.
- Evaluate important costs and effects to capture for deprescribing interventions.
- Appraise study designs and methodological options for economic evaluations of deprescribing interventions, and understand the key considerations for designing economic evaluations as applied to deprescribing interventions (e.g. perspective, type of analysis, time horizon).

Methods/Workshop Structure:

Introduction and Core Concepts (20mins):

Introduce the workshop’s objectives and describe brief examples of different approaches from the facilitators’ research of relevance to deprescribing.

Overview of the SPPIRE economic evaluation as an exemplar, considering the design, results, and strengths/limitations of the approaches used.

Breakout Activity 1 (25mins):

- Group Work (15mins): Small groups (ideally 6-8), ensuring a mix of expertise/backgrounds to facilitate diverse perspectives, will consider:
 - What costs and effects are important to capture for deprescribing interventions?
 - What are the challenges to capturing these?
- Group Discussion (10mins): Each group presents on their discussions and further comments are invited from the wider group.

Breakout Activity 2 (30mins):

- Group Work (20mins): Each group is assigned an aspect of economic evaluation design (i.e. perspective, type of analysis, time horizon) and will brainstorm different options/considerations for evaluating deprescribing interventions.
- Group Discussion (10mins): As above.

Plenary (15mins):

- Open Discussion (10mins): Discussion (with online polling/Q&A) will centre on the question "What would support and enable more widespread economic evaluation of deprescribing interventions?"
- Closing Remarks (5mins): Brief summary of the workshop, and key priorities arising from activities.

Conclusion: Current evidence indicates that deprescribing interventions hold significant potential for economic benefits, yet there is a clear need for further research to fully understand their impact and inform policy-maker decisions on implementation. This workshop will equip attendees with the critical skills and insights needed to navigate these complexities.

Keywords: economic evaluation: deprescribing interventions: workshop: cost effectiveness: QALY

W12- Finding the Sweet Spot: Choosing Glycemic Control Wisely for Older Adults with Diabetes

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Introduction: Older adults with diabetes and frailty living in the community and long-term care homes are often treated counter to recommendations from evidence-based guidelines, increasing their risk for adverse outcomes. Health care professionals face daily dilemmas regarding the roles of new monitoring technology and medications classes. In this workshop, we will use clinical cases to facilitate discussion about these clinical uncertainties.

Intended audience: This workshop is designed for healthcare professionals (e.g. including pharmacists, physicians, nurse practitioners, etc.) and researchers interested in deprescribing and diabetes management for older adults with diabetes and frailty

Learning Objectives: After this workshop, participants will be able to:

- Explain the evidence that supports relaxed glycemic targets and deprescribing in older adults with frailty.
- Discuss the role of new monitoring technologies and novel antihyperglycemic medication options for older adults with frailty.
- Describe approaches for having conversations with older adults and their families regarding goals of diabetes care, including deprescribing.

Methods: This workshop will be facilitated by an endocrinologist and pharmacists with expertise in long-term care and primary care practice. In the first part of the workshop (55 minutes), we will use real-world clinical cases to gather participants' insights and explore options for managing clinical cases, and then discuss the state of the evidence that exists (where it does) to support management options. In the second part of the workshop, attention will turn to exploring how health care professionals can approach shared decision-making conversations with patients from the clinical cases. Tools, developed by deprescribing.org in partnership with health care professionals, older adults and their families, to support these conversations will be presented (10 minutes). Participants will then be divided into small groups, with each group facilitated by a workshop lead, where they discuss how the tools could be applied to one of the clinical cases and then in their own clinical contexts (15 minutes). At the end of the workshop, key resources and take-home messages will be reviewed for participants (10 minutes).

Conclusion: This workshop will provide a forum for international sharing of clinical controversies and management approaches to support older adults living with diabetes and frailty. Through this workshop, we will develop a list of knowledge gaps that can be used to stimulate future research into management options for older adults with diabetes.

Keywords: diabetes, older adults, frailty, deprescribing, pharmacotherapy

