Reducing Falls through De-prescribing Benzodiazepines (BZDs) & Opioids

A-TAPER

Assess *then* **TAPER**

START

Is patient ≥ 65 years of age?

No → Provide usual care

Yes

Has patient been taking a BZD or opioid ≥ 6 weeks?

No → Provide usual care

Yes

Patient is at an increased risk for falls

* **A** For each medication, **Assess:**

- Total daily dose
- Length of therapy
- Appropriateness
- Effectiveness
- Safety/adverse effects
- Patient adherence
- Potential misuse/diversion

then **Consider tapering benzodiazepine or opioid** using TAPER process

T **Talk** about Risks
- Educate patient on BZD/opioid risks
- Review fall prevention strategies with patient

A Select **Alternatives**
- Select non-pharmacological strategies *
- Select alternate &/or adjunctive medications *

P **Plan** Next Steps
- Plan opioid or BZD dose reduction strategy *
- Establish a monitoring and follow-up plan *

E **Engage** Patient
- Include patient in all decisions
- Use Motivational Interviewing

R **Reduce** Dose
- Implement dose reduction strategy
- Initiate alternate &/or adjunctive therapies

Refer to the A-TAPER toolkit for additional details and resources:
http://deprescribe.web.unc.edu

UNC SCHOOL OF MEDICINE Center for Aging and Health
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* *A clinical pharmacist's chart review-based assessment and recommendation will be provided in a consult note*

1

Patients in your clinic who fit the inclusion criteria (≥ 65 years old; taking an opioid and/or benzodiazepine (BZD) chronically) will be identified

2

On a weekly basis, a **consultant pharmacist** will receive a list of patients in your clinic who fit the inclusion criteria and have an appointment scheduled within the next week. For each patient identified, the consultant pharmacist will:

1. Perform a chart review for each patient taking an opioid or BZD chronically, for each medication assessing:
   - Total daily dose (TDD)
   - Length of therapy
   - Appropriateness, based on stated indication
   - Safety (e.g., drug-drug-interactions (DDIs) or concomitant meds that may contribute to falls risk)
   - Patient use/misuse (based on CSRS record)
2. Review the NC CSRS to screen out any patients not filling their opioid or BZD regularly. They will also take note of any abnormalities identified in the CSRS record for specific patients.
3. Develop a tapering recommendation for you to consider
   - Dose reduction strategy with monitoring and follow-up plan
   - Potential alternative medications
   - Non-pharmacological strategies that can be considered
4. Document their assessment and recommendations in a documentation only note in Epic
5. Notify you via an Epic staff message that a note has been uploaded to the patient's chart

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Prior to the patient's clinic visit, **the clinician** will:

1. Receive notification of the pharmacist's consult note
2. Review the note and consider the assessment and recommendations offered by the pharmacist. (Note: no recommendations in the note are in any way binding. Please use your clinical judgement to decide the best way to proceed)
3. Send clarifying questions to the pharmacist, as a staff message, if you wish

When you meet with the patient & if you have decided to proceed with tapering:

4. **Assess** the patient's opioid &/or BZD use
5. **Talk** with the patient about risks associated with opioid/BZD use, including falls
6. Select **Alternatives**: consider pharmacological and non-pharmacological therapies to use in conjunction with any opioid or BZD taper you implement
7. **Plan** next steps: select an opioid or BZD dose-reduction strategy and alternate/additional therapies to initiate in conjunction with the taper
8. **Engage** patient throughout the process, considering their personal goals of therapy in the implementation of any medication-related changes
9. **Reduce** dose: implement the dose-reduction strategy you have selected; include new prescriptions when necessary
10. Schedule next follow-up visit

At **follow-up** appointments, assess the patient's adherence to the tapering plan and make necessary adjustments to continue, maintain, or re-attempt the taper.

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At the end of 12 months, the research team will evaluate the total opioid and BZD dose burden AND documented falls risk for the patient population initially identified. These findings will be compared with pre-study values for the same population to assess the effectiveness of the intervention.