Signa Vitae
DOI:10.22514/sv.2021.193

Round Table Discussion IV: Chronic Pain – Therapeutic Approach

Deprescribing is essential for good prescribing

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In 2017 the World Health Organization recognized the potential patient-related harm of polypharmacy as a matter in need of attendance in the years to come and it was set as a priority in the Medication without Harm Initiative. Polypharmacy is rather common in the elderly patients due to their multimorbidities and in patients with chronic pain. It has been related to drug adverse reactions, increased length of hospital stay, falls and increased morbidity. All these are augmented by the number of different drugs and the nature of the disease. Risk factors of polypharmacy are increasing age, female gender, low educational level and socio-economic status, multimorbidity and number of hospitalizations.

The term deprescribing comes to confront this issue by means of establishing a well designed plan of discontinuing or tapering off drugs that can cause potential harm to the patient. It is based on the principles of revision of all inappropriate drugs, of gradual reduction, dicontinuation or replacement of these drugs, of designing a certain plan of action along with the patients' education and cooperation. Guidelines already exist for certain kind of drugs (antihypertensives, statins, antipshychotics a, benzodiazepines) with positive outcomes.

In the case of opioid deprescribing in chronic pain management the challenge escalates since there are further issues to be addressed. Opioid withdrawal, the fear of changing the pain management status quo and a level of uncertainty regarding the optimum tapering opioid plan are barriers in the process. Guidelines on opioid deprescribing are in need to address all these matters of concern.

References

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