

HealthPathways login

STICKERS AND CARDS



Community
HealthPathways

Hunter New England

- <https://hne.communityhealthpathways.org/>
- Username: hnehealth
- Password: p1thw1ys

patient info
HUNTER NEW ENGLAND

<http://patientinfo.org.au/>

Central Coast NSW

HealthPathways

- <https://centralcoast.healthpathways.org.au>
- Username: centralcoast
- Password: 1connect

patient info
CENTRAL COAST

<https://www.ccpatientinfo.org.au/>

Older Persons' Health

Not all of the pathways in this list have been localised. New Zealand background.

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[Abuse and Neglect of Older People](#)

[Falls Prevention and Assessment](#)

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[Older People Weight Management](#)

[Older Persons with Behavioural Disorders](#)

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Older Persons' Health

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Deprescribing

See also [Medication Management Programs](#).

Clinical editor's note

SafeScript NSW is available to registered prescribers and dispensers to provide real time prescription monitoring for a range of medications.

Background

[About deprescribing](#) ▾

Assessment

1. Assess the patient's degree of [frailty](#) [🔗](#).
2. Carefully consider the [patient's life expectancy](#) [🔗](#):
 - Note that underestimating life expectancy can lead to patients being denied adequate care, and overestimating it may lead to unnecessary treatments being initiated or continued.
 - For patients in the palliative stage, consider if there is a likelihood of reduced absorption e.g., reduced gut function or when vomiting. Consider alternative routes of administration of essential medications such as oro-dispersible or transdermal preparations.
3. Discuss the patient's [goals and expectations](#) ▾. This may include reviewing [advance care planning](#) documents, if available.
4. Review [current medications](#) ▾ regularly, particularly after any confirmed or suspected adverse events (e.g., falls) or after the diagnosis of a life-limiting illness (e.g., cancer):
 - Check [indications](#) ▾, dose, frequency, and duration.
 - Look for any [adverse effects](#) ▾, or possible drug-drug or drug-disease interactions.
 - Give particular attention to high-risk medications, and those originally prescribed for disease prevention which may no longer be needed.
 - Consider reviewing prescribing and dispensing history on [SafeScript NSW](#).

Management

1. Plan and initiate trial of deprescribing:
 - Discuss with, and seek consent from the patient and carer.
 - Develop a [deprescribing plan](#) ▾ with appropriate changes (e.g., tapering, frequency change, cessation) to one medication at a time.
2. Consider requesting a [Home Medicines Review \(HMR\)](#) or [Residential Medication Management Review \(RMMR\)](#).
3. Recognise the [risks of polypharmacy](#) ▾ and identify potential medications to be ceased or modified:



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Medication Management and Polypharmacy in Older Persons

Background

+ [About medication management and polypharmacy in older persons](#)

Assessment



Practice point

Good practice minimises polypharmacy and strives for one prescriber per patient.

Deprescribing can be an effective way to reduce adverse drug reactions, mortality, and falls.

1. Obtain an accurate and current history:
 - Review + [medications](#), medical conditions and comorbidities.
 - Match medicines to medical conditions and treatment goals.
2. Identify discrepancies between medicines being taken and those prescribed.
3. Assess physical and cognitive function.
4. Evaluate signs or symptoms of + [medicine-related problems](#), and identify any + [contributing medicines](#).
5. Calculate + [renal function](#).

Management

There is limited clinical evidence to guide deprescribing, but some general principles can be applied.

1. Consider the principles of + [prescribing](#) and + [deprescribing](#) when changing patients' medication.
2. Consider + [strategies to improve adherence](#).
3. Identify medicines to stop, start, or substitute:
 - Consider if each medication is still required – consider risks versus benefits of each medication.
 - Determine the need for preventative medications – discontinue preventive drugs whose time until benefit exceeds expected lifespan e.g., + [statins](#) where life expectancy is short. 🚩
 - Define overall + [care goals](#) – consider current functional status and quality of life.
 - Check the list of + [medications to be avoided in older persons](#).

See also risk assessment tools e.g., [Beers Criteria](#)🔗.

Related Topics

[Medication Management Reviews](#)

Central Coast NSW

HealthPathways

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