

## POSTER #11

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### Developing a Virtual Community-Based Deprescribing Program

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**Background:** Inappropriate use of psychotropic medications is associated with a higher risk of adverse drug events (ADE). Evidence-based guidelines recommend gradual tapering and monitoring to mitigate withdrawal symptoms. Short-term inpatient stays are not amenable to the tapering of these medications.

**Purpose:** To use virtual care technologies to expand the scope of deprescribing at MGH. Patients will be monitored ensuring their safety during the process of deprescribing of benzodiazepines, antipsychotics, and antidepressants.

**Methods:** Patients admitted to MGH taking psychotropic medications are identified using our electronic health record for a consult by a physician/pharmacist dyad. Patients/substitute decision makers are involved in a shared decision making process consistent with their goals of care. Patients eligible and amenable will provide informed verbal consent to follow-up via virtual care mediums. Patients will be monitored over the course of their tapering schedule. Outcomes include the proportion of patients who qualify for deprescribing, consent to follow-up, can successfully utilize this technology. We will measure the rate of complete cessation and dose reduction, and patient, primary care physician, and community pharmacist satisfaction. Balancing measures include patient barriers to virtual follow-up, ADE and rehospitalization rates.

**Significance:** Inappropriate use of these psychotropics is prevalent in older Canadians. This program will demonstrate the utility of virtual technologies in deprescribing initiatives for both the East Toronto community and beyond.