💊 Deprescribing in Frailty – Quick Reference Guide & Checklist

A structured, patient-centred approach to reducing medication burden safely and effectively in older adults living with frailty.

🎯 Learning Objectives

☐ Recognise risks of inappropriate polypharmacy in frailty.

☐ Apply structured medication review methods.

☐ Communicate deprescribing safely and effectively.

🧠 Key Concepts

Deprescribing is an evidence-based, patient-centred process to reduce medication burden while maintaining therapeutic outcomes. It aims to optimise treatment according to patient goals, comorbidities, and level of frailty.

🩺 In Practice

Use this 5-step approach to apply deprescribing safely and collaboratively in practice:

Step	Focus	Actions / Checklist
1️⃣ Review	Clinical indication & necessity	☐ Assess indication, duplication, benefit–risk ratio, and adherence.
2️⃣ Identify	Potentially inappropriate medications (PIMs)	☐ Highlight drugs that may cause harm or no longer align with goals of care.
3️⃣ Plan	Deprescribing strategy	☐ Taper or stop medications where appropriate, prioritising high-risk agents.
4️⃣ Communicate	Team & patient engagement	☐ Discuss decisions with patient, GP, and care team; document rationale clearly.
5️⃣ Monitor	Follow-up & review	☐ Observe for withdrawal effects or symptom recurrence; adjust plan accordingly.

💡 Clinical Reflection

"Would I start this medicine today if the patient were not already taking it?" — a key question to guide deprescribing decisions.

🔬 Key Resources

- STOPP/START Criteria (Version 3): https://bmjopenquality.bmj.com/content/bmjqir/5/1/u207857.w4260/DC1/embed/inline-supplementary-material-1.pdf
- NICE NG5 – Medicines Optimisation: https://www.nice.org.uk/guidance/ng5
- Polypharmacy Guidance (Scottish NHS): https://polypharmacy.scot.nhs.uk/
- Older Adults Pharmacy Resources (BGS): https://www.bgs.org.uk/older-adult-pharmacy-resources
- RPS Polypharmacy Hub: https://www.rpharms.com/recognition/setting-professional-standards/polypharmacy-getting-our-medicines-right