

## Deprescribing in Frailty – Clinical Checklist

A concise checklist to support safe, evidence-based deprescribing in older adults living with frailty.

### **1** Review

Assess indication, duplication, benefit–risk ratio, and adherence for all medications.

### **2** Identify

Highlight potentially inappropriate or unnecessary medicines (PIMs).

### **3** Plan

Develop a deprescribing strategy: stop, step-down, or substitute as appropriate.

### **4** Communicate

Discuss decisions with patient, GP, pharmacist, and care team; document rationale.

### **5** Monitor

Follow up and review: observe withdrawal symptoms, relapse, or need for adjustments.

### Clinical Reflection

“Would I start this medicine today if the patient were not already taking it?”

### Key Resources

- STOPP/START Criteria (Version 3): <https://bmjopenquality.bmj.com/content/bmjqr/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>