

### A Patient-Facing Tool to Reduce Opioid, Psychotropic Polypharmacy in People Living With Dementia



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*“For people living with dementia exposed to potentially dangerous combinations of psychotropic and pain medications, an educational nudge sent directly to them and their caregivers may prompt safer medication use.”*

**RATIONALE:** Central nervous system-active polypharmacy (CNS polyRx; i.e., overlapping prescriptions of  $\geq 3$  psychotropic and opioid medications) is common among people living with dementia (PLWD) even though the evidence base to support use of even single agents in this population is limited. Direct-to-patient education (e.g., EMPOWER) has demonstrated efficacy to prompt deprescribing among older adults but has not focused on PLWD and their care partners previously.

**OBJECTIVE:** To adapt direct-to-patient education to use with PLWD and engaged care partners and specifically address CNS polyRx; pilot the feasibility of using the electronic health record to identify PLWD experiencing CNS polyRx with engaged care partners and then implement the direct-to-dyad education; and ascertain any prescribing changes in the electronic health record.

**SETTING:** Four primary care clinics at the University of Michigan Health and Henry Ford Health systems.

**POPULATION:** Primary care patients living with dementia experiencing CNS polyRx with engaged care partners.

**INTERVENTION:** A direct-to-dyad educational tool sent by mail that presents potential risks of the currently prescribed regimen, with the goal of prompting a conversation with their pharmacist or prescribing clinician.

**OUTCOMES:** The primary clinical outcome is a change in the burden of CNS-active prescriptions. Implementation endpoints include: establishing enrollment feasibility (i.e., PLWD experience CNS polyRx for whom we can also identify a care partner) and implementation feasibility (i.e., documented evidence of discussion with a clinician about these medications after the tool is sent to those eligible).

**IMPACT:** If successful, this pilot study will establish the feasibility of a large-scale embedded pragmatic clinical trial to test this type of direct-to-dyad education to address potentially inappropriate prescribing. Given the potential harms and related costs associated with CNS polyRx, this low-touch intervention could have significant impact even if the effect is relatively small.