Deprescribing to Reduce Injurious Falls among Older Adults with Dementia (STOP-FALLS-D)

Principal Investigator
Elizabeth Phelan, MD, MS
University of Washington

Health Care Systems
- Kaiser Permanente Washington
  Benjamin Balderson, PhD, Site PI

"STOP-FALLS-D will test a health-system-embedded intervention that engages older adults with dementia, their care partners, and their primary care providers to generate new evidence regarding overprescribed medications that affect the central nervous system."

RATIONALE: Falls among older adults are a major public health concern, and older people living with dementia (PLWD) have disproportionately higher fall rates. The use of medications that affect the central nervous system (CNS) is a key modifiable risk factor for falls. CNS-active medications are often considered potentially inappropriate for older adults, especially for older PLWD, and guidelines recommend avoiding their use. However, use remains common and is higher among older PLWD compared to those without dementia. Few deprescribing interventions have targeted older PLWD in primary care.

OBJECTIVE: Adapt an evidence-based, health-system-embedded, patient-centered deprescribing intervention called **STOP-FALLS**, which focuses on reducing use of CNS-active medications among older adults living with dementia, and conduct a pilot study for an embedded pragmatic clinical trial (ePCT) with older PLWD, their care partner(s), and their primary care providers (PCPs).

SETTING: Kaiser Permanente Washington, an integrated healthcare delivery system in the Northwest United States.

POPULATION: Community-dwelling older PLWD, their care partners, and their PCPs.

INTERVENTION: Educational brochures for PLWD and their care partners and decision support for the PCPs.

OUTCOMES: The primary clinical outcome is medically treated falls. Secondary outcomes include: all-cause emergency department visits and hospitalizations, and nursing home placement. Implementation endpoints include: feasibility of reaching older PLWD and their care partners, acceptability of the intervention, and whether the intervention was implemented as intended.

IMPACT: Improving the quality of prescribing is imperative to reduce adverse outcomes and optimize quality of life for older PLWD. With the rapid growth in numbers of PLWD, effective strategies are urgently needed. **STOP-FALLS–D** will provide important new evidence about the feasibility of deprescribing CNS-active medications in partnership with PLWD, their care partner(s), and their primary care providers. This work will lay the foundation for a future large-scale ePCT.