

## Deprescribing Potentially Inappropriate Medications in the Emergency Department for Persons Living with Dementia



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*“For people living with dementia who visit the emergency department, a pharmacist review of medications while in the emergency department and discussion with outpatient prescribers may lead to safer medication use.”*

**RATIONALE:** Over 30% of people living with dementia (PLWD) are taking potentially inappropriate medications (PIMs) even though they may increase the risk of adverse outcomes leading to emergency department (ED) visits, hospitalizations, and death. For PLWD, a pharmacist review of medications during an ED visit, and discussion with outpatient prescribers may identify PIMs that may be stopped, tapered, or reduced to improve medication safety.

**OBJECTIVE:** To demonstrate the feasibility and acceptability of a pharmacist-led medication reconciliation and deprescribing initiative to reduce use of potentially inappropriate **central nervous system (CNS)** acting medications for PLWD in the ED.

**SETTING:** Three EDs within the Northwestern Medicine Health System.

**POPULATION:** ED patients who have previously been diagnosed with dementia or mild cognitive impairment.

**INTERVENTION:** An ED pharmacist-led intervention, which involves medication reconciliation performed in the ED by clinical pharmacists and discussion of deprescribing recommendations to outpatient prescribers with the goal of reducing CNS acting potentially inappropriate medications for PLWD.

**OUTCOMES:** The primary clinical outcome is a reduction in CNS active PIMs 90 days after an ED visit. Secondary clinical outcomes include completed outpatient follow-up, repeat ED visits, and hospitalizations within 90 days after an ED visit. Implementation endpoints are establishing enrollment feasibility (PLWD in the ED who are taking CNS acting PIMs), implementation feasibility (documented evidence of deprescribing recommendations being communicated with the outpatient prescriber), and acceptability to clinicians (the Acceptability of Intervention Measure (AIM) as reported by the outpatient prescriber).

**IMPACT:** If successful, this pilot study will establish the feasibility of a large-scale embedded pragmatic clinical trial to test a pharmacist-led medication reconciliation and deprescribing intervention for PLWD in the ED. Given the potential harms and related costs associated with taking CNS acting potentially inappropriate medications for PLWD, this intervention may improve medication safety and decrease ED visits, and hospitalizations.