

## Deprescribing in Patients Living with Dementia with Caregiver and Provider Nudges



**Principal Investigator**

Julie Lauffenburger, PhD  
Brigham and Woman's Hospital

**Health Care System**

Mass General Brigham

*“For people living with dementia exposed to high-risk medications that can worsen cognition, simple behavioral interventions in electronic health record systems may help facilitate deprescribing of these medications.”*

**RATIONALE:** Certain high-risk medications like benzodiazepines and sedative hypnotic (“Z-drugs”) continue to be overprescribed even in people living with dementia (PLWD), and efforts to promote deprescribing have had modest success. Interventions that have been successful have often been resource intensive, so this pilot study will evaluate the implementation of simple behavioral interventions (“nudges”) in electronic health record systems (EHR).

**OBJECTIVE:** To demonstrate the feasibility of nudge interventions implemented within EHR systems and confirm the feasibility of measuring and evaluating effectiveness of nudges on deprescribing in PLWD.

**SETTING:** Primary care clinics including 2 community health centers at Mass General Brigham healthcare system.

**POPULATION:** Primary care providers and their patients living with dementia prescribed a chronic high-risk medication.

**INTERVENTION:** The primary care provider “nudge” intervention is facilitated by an EHR-based tool. The intervention is comprised of a brief reminder to the providers and a message to the care partner prior to the patient’s upcoming visit, with the goal of prompting conversation about the high-risk medication of interest.

**OUTCOMES:** The primary clinical outcome is deprescribing of one of the high-risk medications, defined by EHR data. Implementation endpoints are feasibility of the intervention implementation (i.e., response rate of viewing the intervention) and representativeness, defined using EHR data.

**IMPACT:** If successful, this pilot study will establish a promising solution to reduce the use of high-risk medications through deprescribing using nudge interventions. While the intervention is supported by strong evidence and has high potential for scalability, findings from this study will provide evidence to support a subsequent full-scale ePCT testing the impact of EHR-based nudges on deprescribing in PLWD.