Date: May 22, 2019

PLEASE NOTE that Project ECHO® Care of the Elderly case recommendations do not create or otherwise establish a provider-patient relationship between any ECHO Care of the Elderly Hub team member/presenters and any patient whose case is being presented in a Project ECHO® setting.

All resources are posted in the COP website, under "May 22 – Polypharmacy". You must be logged in to view the resources.

Case Synopsis:
75-84 year-old female with RA, chronic pain, anxiety, depression. Lives in basement apartment in son's house. PSW 2 hours per week for personal care. Physiotherapy in the past. Declined geriatric outreach program. Family is concerned about lorazepam and acetaminophen/codeine use/misuse.

1. What does the group suggest for de-prescribing?
2. Are all RA medications needed? If not, which medications should be continued?
3. Would referral to a rheumatologist be helpful?

Summary of Recommendations:

Further workup/investigations:

- Consider obtaining bone mineral density (BMD) testing to assess bone health given clinical risk factors for fractures
- Assessment of liver function tests in the context of chronic acetaminophen use and kidney function tests
- Reassessment of mood using a validated tool (e.g. GDS, PHQ-9, GAD-7) especially if she is compliant with Lorazepam but not other medications
- Consider alternative pharmacotherapy for depression (e.g., switch class or augmentation therapy).
- Further assessment of a possible sleep disorder
- Explore possible financial abuse via WoodGreen Community Services

Non-Pharmacological interventions:

- As a deprescribing strategy, document all medications and their indication to ensure they are still indicated and align with patient's current goals of care
- Referral to a rheumatologist for confirmation of diagnosis, patient education, and treatment options including possibly accessing biologics. May benefit from OTN rheumatology referral if mobility and going to an outpatient appointment is a problem
- Use of CBT to treat mild to moderate depression and anxiety if available in your region and cost is not a barrier
- Referral to PT for a reassessment of functional status and mobility. Connect with LHIN coordinator to involve PSWs or a PT assistant to carryout PT recommendations after the initial assessment is complete
- Complementary therapies such as TENs, massage, and acupuncture as adjunct to pain management regimen. Possibly contacting local colleges to access students who may be able to provide some of these services
- A focus on patient education on rheumatoid arthritis. Particularly understanding the diagnosis and how the treatment works to reduce pain and potential joint damage

Pharmacological interventions:

- Exploring Ranitidine as a possible contributing factor to confusion
- Consideration of bisphosphonates to maintain bone density and prevent fractures. Dose-adjust/monitor renal function

Resources:

- GeriMedRisk https://www.gerimedrisk.com/
- Med Stopper https://medstopper.com/
- Deprescribing.org particularly for Lorazepam tapering
- WoodGreen Community Services https://www.woodgreen.org/