VALLEY MEDICAL GROUP
Prevention & Medical Care To Help You Live Better, Longer.

Clinical Champion Update

Date: 12/12/22 *Subject: Deprescribing*

Deprescribing case report from Sarah –

I met Liz, a 71 yo F, in May when she came in for a med management visit after her last PCP left the practice. She is an active person with allergy-related asthma well controlled on daily Advair and montelukast, history of migraines well controlled with paroxetine 10mg (tapered down from 20mg), hypertension on HCTZ, and hyperlipidemia on simvastatin 80mg daily. She lives alone, and has an adult son with a disability who lives in a nearby group home.

When I suggested reviewing her medications in more detail at our next visit, she was receptive. Six months later she came in for her wellness. She said one of her goals was to taper off paroxetine since her migraines were rare. She was also interested in decreasing or stopping other meds that she might not need.

This was her med list:
Advair 250-50 2 puffs BID
HCTZ 25mg daily
Montelukast 10mg daily
Paroxetine 10mg daily
Proair HFA prn
Simvastatin 80mg daily
Sumatriptan 50mg prn
Zyrtec 10mg daily

We talked about each medication – what it was for and she gave me an assessment of the associated medical problem. Her asthma was usually only active at certain times of the year. She felt Zyrtec was very helpful for controlling her allergies. She had been on paroxetine 20mg daily for several years for migraine prevention, and it had been difficult to taper down to 10mg. Her migraines were now rare; when they occurred, she used sumatriptan with good effect. She had taken simvastatin 80mg for over 12 years. I did not have lipid panel data from that far back, but surmised that her lipids must have been very high at the time. She did not remember.

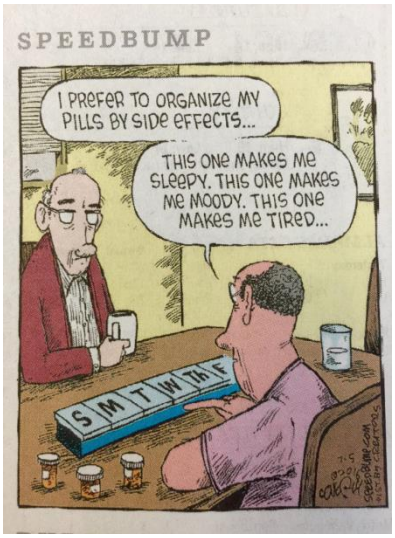
The plan we came up with:

1. Her asthma symptoms were only active during changes of season. She would try holding montelukast in between seasons when her allergies/asthma were less active.

2. Her lipids had been stable for years and there was no history of CAD or stroke. We decreased her simvastatin to 60mg daily and planned to recheck her lipid panel in a few months.

3. Since we were making a couple other medication changes, we decided not to make any changes to her paroxetine for now.

A note on deprescribing statins in the elderly – there are NO consensus guidelines on what to do about older adults who take statins for primary prevention without adverse effect.



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Deprescribing Clinical Champions