THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

ANTI-INFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROID

Deprescribing in older people: A clinical practice guideline

dRx™

ANTI-INFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROID

Acetic acid derivatives and related substances:

Diclofenac, indomethacin, ketorolac

Oxicams:

Meloxicam*, piroxicam

Propionic acid derivatives:

Ibuprofen, ketoprofen, naproxen

Fenamates:

Mefenamic acid

Coxibs:

Celecoxib*, etoricoxib, parecoxib

*Common Pharmaceutical Benefits Scheme medicines

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	Given the risk of gastrointestinal complications (e.g. severe esophagitis gastrointestinal ulcer, bleeding, perforation) as well as cardiovascular and renal adverse effects, we suggest deprescribing be offered to older people taking long-term NSAIDs.
GPS	Deprescribing decisions should be made in consultation with the person and their GP and/or specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	If deprescribing is unsuccessful despite multiple attempts, we suggest maintaining the lowest effective dose, but we suggest only continuing NSAIDs in older people if the benefits of pain relief and improved function significantly outweigh the risks of gastrointestinal, cardiovascular, or renal adverse effects, particularly when: • Alternative pain management strategies are less effective or unavailable; • The potential benefits and risks have been clearly communicated to the person; and • There is appropriate monitoring of renal function and other risk factors, with periodic reassessment of the possibility of deprescribing.
CBR	We suggest referral to other healthcare providers as needed for further evaluation and management, and/or considering safer alternatives for symptoms. Instead of oral NSAIDs, we suggest a judicious trial of intermittent or on-demand use of topical NSAIDs or other topical treatments for superficial localised painful conditions (e.g. knee osteoarthritis) for a short period, with monitoring of possible adverse effects and discontinuing use if not effective. If symptoms are persistent, we suggest adequate investigation and differential diagnoses and appropriate non-pharmacological therapies have been considered.

CBR, consensus-based recommendation; GPS, good practice statement

HOW TO DEPRESCRIBE

CBR We suggest individualised deprescribing based on the individual's preference. In general, we suggest discontinuing NSAIDs without the need for tapering; however, some people may prefer a gradual dose reduction of 25% to 50% every one to two weeks.

Once half the lowest standard dose formulation is reached, we suggest ceasing completely and switching to on-demand or intermittent use of NSAIDs at the lowest effective dose as well as providing advice for alternative pain management strategies (e.g. cognitive behavioural therapy, manual therapy, massages) and lifestyle interventions (e.g. exercise, weight management) if applicable.

If symptoms recur during tapering, we suggest restarting therapy at approximately 50-75% of the previously tolerated dose and delaying further dose reductions by an agreed interval for stabilisation.

MONITORING

CBR We suggest advising patients to report to their healthcare professionals any symptoms of pain, changes in function or quality of life.

CBR, consensus-based recommendation; GPS, good practice statement

Anti-inflammatory and antirheumatic products, non-steroid

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

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