THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

ORGANIC NITRATES

Deprescribing in older people: A clinical practice guideline

dRx™

ORGANIC NITRATES

- Glyceryl trinitrate*
- Isosorbide mononitrate*
- Isosorbide dinitrate

*Common Pharmaceutical Benefits Scheme medicine

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	We suggest deprescribing be offered to older people taking long-acting nitrates in combination with beta-blockers or calcium channel blockers for stable coronary heart diseases who have not experienced angina symptoms or have not required short-acting nitrates for at least six months.
GPS	Deprescribing decisions should be made in consultation with the individual 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	We suggest short-acting nitrates be offered to people for acute relief should angina symptoms occur.
CBR	If deprescribing is unsuccessful despite one attempt, we suggest maintaining the lowest effective dose, but we suggest reassessing the need for long-term therapy periodically.
	HOW TO DEPRESCRIBE
CBR	In general, we suggest tapering the dosage and ensuring that short-acting nitrates are available should symptoms occur. For oral formulations, gradually reduce the dose, such as from 120mg daily to 60mg daily, to 30mg daily, then finally discontinue completely. For transdermal formulations, gradually reduce the dose, such as from 15 mg/24 hours to 10 mg/24 hours, to 5 mg/24 hours, then finally discontinue completely. If symptoms recur, we suggest restarting long-acting nitrates at the previously tolerated dose, delaying further dose reductions by an agreed interval for stabilisation, and planning for a more gradual taper if appropriate.
	MONITORING
CBR	We suggest monitoring for blood pressure or recurrence of angina symptoms (e.g. weekly for at least two weeks after withdrawal) tailoring the approach to individual factors such as preferences, responses, and tolerance to deprescribing. If in-person visits are impractical, we suggest advising people to report symptom recurrence as needed (e.g. telehealth).

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

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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