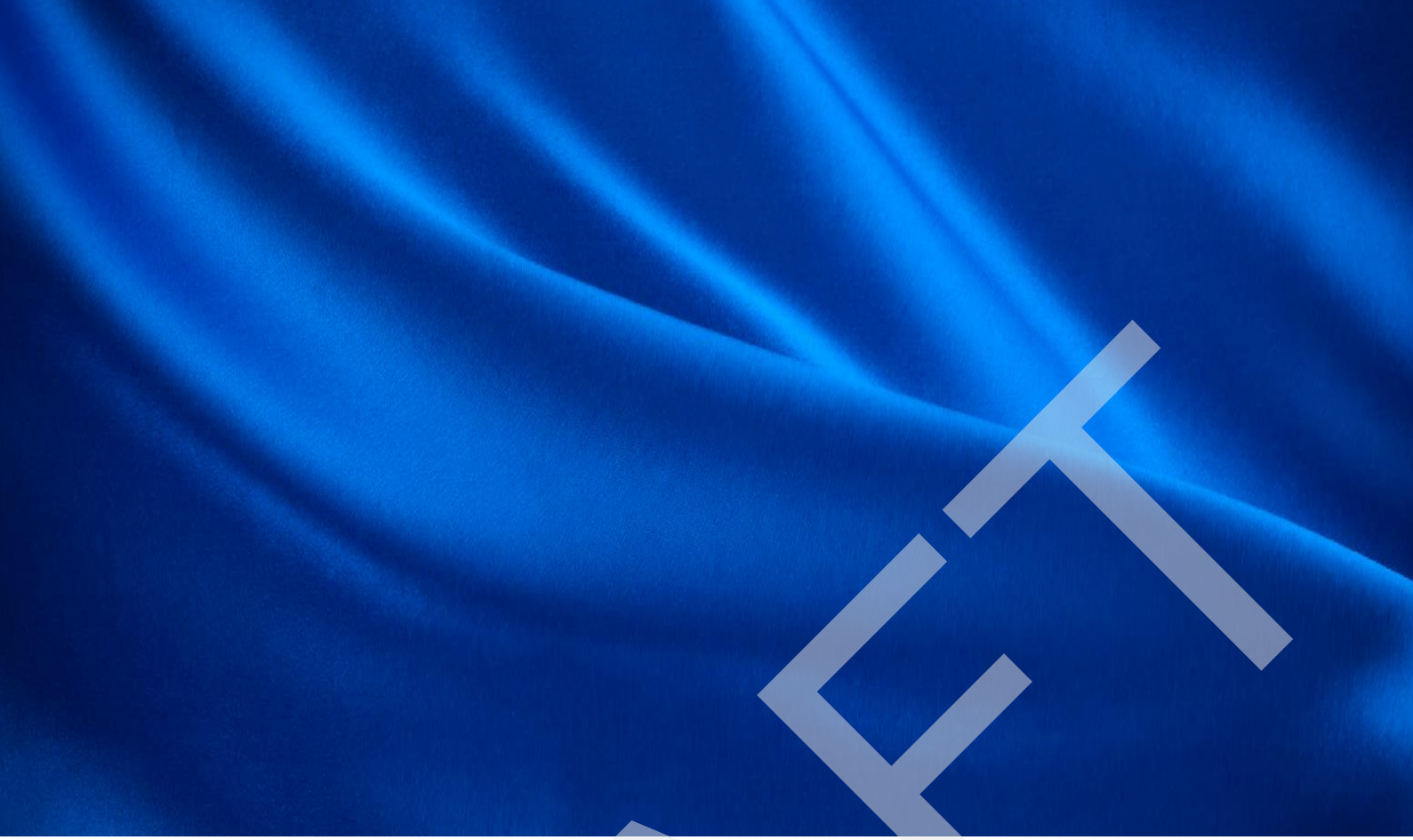
Administrative Report

A clinical practice guideline for deprescribing in older people

THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

Centre for Optimisation of Medicines



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* Joint last author

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1. Funding

This guideline project was supported through funding from a University of Western Australia Faculty of Health and Medical Sciences Research Scheme Grant by Dr Athelstan John Henton Saw OBE MLC. This grant enabled the development, evidence synthesis, initial drafting of the guideline, and stakeholder engagement necessary for its completion. This "Development of national clinical guidelines to reduce overuse of medications by older people" grant of $40,000 was awarded to Professor Christopher Etherton-Beer and Dr Amy Page. This funding supported employing research assistants (Dr Ria Hopkins, Dr Nashwa Masnoon, Mia Percival, Evelyn Dimopoulos) for evidence synthesis and recommendation formulation. We thank the research assistants for their invaluable contribution.

Further funding for this project was supported by a component of the $100,000 Western Australian Future Health Research and Innovation Fund/Western Australian Department of Health grant "Enhancing medicine use for frail older people to improve well-being" (Grant ID WANMA/EL2023-24/5) awarded to Dr Amy Page in 2024. This funding supported employing a general practitioner (Dr Xisco Reus) to assist with the guideline development, a post-doctoral researcher (Dr Hend Almutairi) to assist with the second-person GRADE assessment, consumer engagement (Consumer and Community Involvement Program at the Western Australia Health Translation Network), International Standard Book Numbers, publication fees, graphic design, and dissemination of the guidelines.

The lead author and PhD candidate (Hui Wen Quek) received an Australian Government Research Training Program (RTP) Scholarship at The University of Western Australia. This scholarship has provided financial assistance for her PhD research activities, contributing to the development of this guideline. Individual members of the guideline development group did not receive specific funding for their contributions to this project.

All funders had no role in the formulation of recommendations, data interpretation, or the final content of this guideline. All decisions were made independently by the guideline development group in accordance with best practices for evidence-based guideline development.

2. Ethics

Ethics approval has been granted by the University of Western Australia Human Research Ethics Committee (reference: 2023/ET001118). Consent to participate in the surveys was obtained prior to the commencement of the study.

3. Governance

3.1 Organisation

The development of this guideline is led by the Western Australia Centre for Health and Ageing and the Centre for Optimisation of Medicines at The University of Western Australia. This guideline is a collaborative effort from healthcare professionals, content experts, and consumers/carers representing various professional organisations and peak bodies in Australia.

3.2 Guideline steering committee

The development of this guideline was overseen by a Guideline Steering Committee, comprising of the following five individuals:

- Professor Christopher Etherton-Beer*, Geriatrician and clinical pharmacologist
- Dr Amy Page*, Pharmacist and biostatistician
- Ms Hui Wen Quek#, Pharmacist
- Dr Kenneth Lee, Pharmacist and biostatistician
- Dr Xisco Reus, General practitioner

* Co-chairs
# Lead author and secretariat

The co-chairs were to:

- Oversee the overall development of the guideline
- Provide opportunities for all members to raise their views
- Ensure respectful and efficient discussion of relevant issues
- Reflect on and summarise the opinions
- Facilitate group discussions in a manner to achieve consensus
- Raise issues that could inform the decision process
- Outline strategies to manage conflicts of interest

The lead author and secretariat was to:

- Lead systematic review, meta-analysis, and evidence appraisal to draft recommendations
- Lead the writing of the guideline and all associated papers
- Administer Delphi rounds
- Coordinate communication and be the first point of contact for all guideline development group members
- Maintain and manage a register of conflicts of interest
- Distribute correspondence, documentation, meeting agendas and minutes
- Outline strategies for publishing, presenting, and translating guidelines into practice

All Guideline Steering Committee members provided strategic direction, ensured adherence to guideline methodology and guided the overall development process.

3.3 Guideline Development Group (GDG)

A guideline committee, which included external experts, was initially assembled in 2016. The guideline committee met on 19 April 2016 to determine the initial proposal of the guideline including the purpose and scope of the guideline. The committee composed of individuals supported the genesis and initial development of the guideline development plan.

In 2019, the project was supported by a University of Western Australia Faculty of Health and Medical Sciences Research Scheme Grant bequeathed by Dr Athelstan John Henton Saw OBE MLC. However, progress was initially stalled, firstly due to significant medical issues affecting a key steering committee member, leading to the lapse of NHMRC registration, and subsequently due to the disruptions caused by the COVID-19 pandemic. Despite these unexpected difficulties, work resumed in 2022.

Given the project delays, a complete draft of the guideline was prepared before seeking broader review and reconnecting with earlier contributors. While substantial progress had been made before re-establishing the GDG, it is recognised that critical input from diverse experts is essential to ensure a high-quality guideline and significant refinements to the draft are anticipated as the process advances.

The current Guideline Steering Committee was responsible for establishing a reinvigorated the GDG. On 27 August 2024, email invitations were sent to pre-identified experts with relevant expertise to join the expanded GDG. Additionally, experts who had generously contributed their input in 2016 were re-contacted and invited to rejoin the GDG. Members of the GDG were identified through professional networks and snowball sampling. Relevant professional organisations and peak bodies were requested to nominate individual(s) for inclusion in the GDG. They were identified as stakeholders or representatives of end users who will adopt, adapt and implement the guideline. The selection criteria for GDG members were detailed in the study protocol for guideline development (See Technical Report, Appendix C).

Additionally, the Guideline Steering Committee established a consumer advisory group with the assistance of a Consumer and Community Involvement Coordinator at the Western Australia Health Translation Network. Members of the consumer advisory group were voting members of the GDG and co-created the guideline.

Following feedback from GDG members from the initial round of draft guideline review, specialists or clinical experts with expertise relevant to the therapeutic areas included in the guideline were invited to join the GDG via email.

Prior to their review, GDG members were provided with a Terms of Reference document that outlines what is expected of them (see Appendix A). All members had the opportunity to revise the terms of reference as needed.

3.4 Role of Guideline Development Group (GDG)

- Agree on the scope, questions and inclusion and exclusion criteria
- Rate the importance of outcomes
- Contribute constructively to guideline development
- Develop actionable recommendations based on reviews of evidence
- Identify potential implementation issues and propose steps to overcome them
- Assess the acceptability and feasibility of the recommendations
- Weigh the potential risks and benefits of the recommendation
- Make decisions on what information should be included
- Consider and deliberate on public consultation submissions

Although many of the current GDG members were not involved in the initial guideline development in 2016, they have been actively engaged in refining the purpose and scope of the guideline, contributing to the development process, and ensuring the guideline recommendations are clinically relevant, person-centred, and feasible for implementation. For more information, refer to Part F in the Technical Report (Process of drafting recommendations) and the study protocol for guideline development (See Technical Report, Appendix C).

3.5 Guideline Development Group (GDG) Composition

The GDG comprises 72 individuals with the following broad categories (note that one person may represent one or more categories):

- Consumer/carer with lived experience
- Geriatrician
- General practitioner
- Nurse practitioner or nurse
- Clinical pharmacologist
- Geriatric psychiatrist
- Clinical epidemiologist/public health expert
- Pharmacoepidemiologist
- Clinical specialist in delirium and dementia
- Diabetes educator
- Pharmacist
- Allied health professionals from each of the following disciplines: optometry, dental, podiatry, physiotherapy and psychology
- Implementation science or behavioural science expert
- Biostatistician
- Health economist
- Individuals trained in GRADE methodology

Refer to the Terms of Reference (Appendix A) for more information.

Table 1. Guideline Development Group (GDG) composition

Name	Affiliation(s)	Profession/expertise relevant to guideline development
Hui Wen Quek (Lead author and secretariat)	Centre for Optimisation of Medicines, School of Allied Health, The University of Western Australia	Pharmacist PhD candidate
Dr Amy Page (Co-chair)	Centre for Optimisation of Medicines, School of Allied Health, The University of Western Australia	Consultant pharmacist Biostatistician Deprescribing expert
Prof Christopher Etherton-Beer (Co-chair)	Western Australian Centre for Health and Ageing The University of Western Australia Royal Perth Hospital	Geriatrician Clinical pharmacologist Deprescribing expert
Dr Kenneth Lee (Steering committee)	Centre for Optimisation of Medicines, School of Allied Health, The University of Western Australia	General practice pharmacist Biostatistician Mixed methods expert
Dr Xisco Reus (Steering committee)	Centre for Optimisation of Medicines, School of Allied Health, The University of Western Australia	General Practitioner Deprescribing expert
Atinuke (Tinu) Abrahams	Pharmaceutical Society of Australia Victorian Aboriginal Health Service The University of Western Australia	Pharmacist Diabetes educator Aboriginal health expert
Prof Leon Adams	Sir Charles Gairdner Hospital The University of Western Australia	Gastroenterologist and hepatologist
Prof Osvaldo Almeida	Western Australian Centre for Health and Ageing The University of Western Australia The University of Notre Dame	Professor of Geriatric Psychiatry Director, Institute for Health Research
Dr Hend Almutairi	Centre for Optimisation of Medicines, School of Allied Health, The University of Western Australia	Research fellow Deprescribing expert in aged care and psychotropic medicines
Bree Armstrong	Pharmaceutical Society of Australia	Clinical pharmacist Project manager at Pharmaceutical Society of Australia
Leanne Boase	President of The Australian College of Nurse Practitioners	Nurse Practitioner

Name	Affiliation(s)	Profession/expertise relevant to guideline development
A/Prof Juanita Breen	Wicking Dementia Research and Training Centre, The University of Tasmania Aged Care Quality and Safety Commission	Consultant pharmacist Deprescribing expert
Dr Lauren Brown	University of Sydney Department of Medical Oncology, Westmead Hospital Department of Medical Oncology, Blacktown Hospital	Medical Oncologist PhD candidate
Prof Gillian Caughey	The University of South Australia	Professor of Health Services and Pharmacoepidemiology
Prof Lewis Chan	Concord Repatriation General Hospital The University of Sydney	Urologist
Prof Roger Chen	St Vincent's Hospital Sydney The University of Sydney	Endocrinologist
Dr Edward Chew	The Royal Melbourne Hospital	Haematologist
Dr Antony Clark	Lions Eye Institute Sir Charles Gairdner	Ophthalmologist
Prof Tracy Comans	The University of Queensland Royal Brisbane and Women's Hospital	Health economist Physiotherapist specialising in aged care, dementia, and rehabilitation
Deirdre Criddle	Fiona Stanley Hospital South Metropolitan Health Service	Complex care clinical pharmacist
Prof Peteris Darzins	Monash University Eastern Health	Professor of Geriatric Medicine, Clinical Director Geriatric Medicine
Dr Paresh Dawda	Health Research Institute, The University of Canberra	General Practitioner
Prof Jenny Doust	The University of Queensland	General Practitioner Professor of Clinical Epidemiology Public health expert
Susan (Sue) Edwards	The Repatriation General Hospital, South Australia	Consultant pharmacist Drug and Therapeutics Information Service
Dr Jenny Gowan AM	Gowan & Associates Pty Ltd Monash University RMIT	Consultant pharmacist Adjunct Senior Lecturer Sessional Lecturer
Kerryn Hart	Deakin University	Lecturer in Optometry Clinical Policy Manager at Optometry Australia

Name	Affiliation(s)	Profession/expertise relevant to guideline development
Deborah Hawthorne	Pharmaceutical Society of Australia The University of Western Australia	Consultant pharmacist
Dr Andrew Heredia	Australian Dental Association Victorian Branch	Dentist
Prof Anne-Marie Hill	The University of Western Australia Australian Physiotherapy Association Australian College of Physiotherapists	Fellow of the Australian College of Physiotherapists APA Gerontological physiotherapist
A/Prof Jesse Jansen	Maastricht University Honorary Associate Professor, Sydney School of Public Health	Shared decision-making expert Health communication expert Cognitive and health psychologist
A/Prof Lisa Kalisch Ellett	The University of South Australia	Associate Professor in Pharmacy and Pharmacoepidemiology Enterprise Fellow
Dr Helen Keen	Australian Rheumatology Association The University of Western Australia	Rheumatologist Clinical Associate Professor Academic researcher
Dr Erin Kelty	The University of Western Australia	Pharmacoepidemiologist Senior Research Fellow
Prof Ngaire Kerse MNZM	The University of Auckland	General Practitioner Professor of General Practice and Primary Health Care Head of the School of Population Health
A/Prof Estie Kruger	The University of Western Australia	Dental surgeon Dental public health expert
Prof Susan Kurrle	Australian and New Zealand Society for Geriatric Medicine	Geriatrician Department of Health and Aged Care Dementia Expert Reference Group
Adam Livori	Monash University Latrobe University, Baker Institute	Cardiology pharmacist Chair of the AdPha Cardiology Special Interest Group PhD candidate
Rebecca Livori	Grampians Health Services	Dialysis/Renal pharmacist Nephrology and medication safety expert
Prof Dina Logiudice	The Royal Melbourne Hospital The University of Melbourne Victorian Aboriginal Health Service	Geriatrician Clinical lead of the Cognitive, Dementia and Memory Service

Name	Affiliation(s)	Profession/expertise relevant to guideline development
Prof Arduino Mangoni	Flinders University	Professor of Clinical Pharmacology Expertise in clinical pharmacology, cardiology and internal medicine
Dr Anthony Marinucci	The Royal Australian College of General Practitioners	Geriatric generalist Chair of the Royal Australian College of General Practitioners Specific Interests Aged Care
Dr Nilufeur McKay	Edith Cowan University	Nurse Practitioner cardiology specialty Senior lecturer
Prof Allison McKendrick	The University of Western Australia Lions Eye Institute	Optometrist Chair of Optometry Research
Prof Andrew McLachlan AM	The University of Sydney	Head of School and Dean of Sydney Pharmacy School
Dr Treasure McGuire	Australasian College of Pharmacy Bond University School of Pharmacy, The University of Queensland Mater Health	Associate Professor (Pharmacology) Assistant Director of Pharmacy
Stewart Mearns	Consultant Pharmacy Services The University of Tasmania	Consultant pharmacist Deprescribing expert
Prof Mark Morgan	Bond University The Royal Australian College of General Practitioners	Professor of General Practice General Practitioner Chair of the Royal Australian College of General Practitioners Expert Committee
Prof Vasikaran Naganathan	Concord Clinical School Centre for Education and Research on Ageing	Professor of Geriatric Medicine Deprescribing expert
Ellie Newman	The University of Western Australia Director of Dementia Training Australia	Aged care physiotherapist Dementia and delirium care expert
Dr Christopher Ng	The University of Western Australia Royal Darwin Hospital Sir Charles Gairdner Hospital	Cardiology advanced trainee Clinical lecturer Clinical epidemiology expert
Dr Ray Parkin	Bathurst Cardiology	Cardiologist Rural and regional health experts
A/Prof Kevan Polkinghorne	Monash Health Monash University	Nephrologist

Name	Affiliation(s)	Profession/expertise relevant to guideline development
Prof Dimity Pond	Wicking Dementia Research and Training Centre, The University of Tasmania	General Practitioner Professor of General Practice
Dr Kathleen Potter	Ryman Healthcare	General Practitioner Primary Care Researcher
A/Prof Debbie Rigby	DR Pharmacy Consulting The University of Queensland Queensland University of Technology Director of NPS MedicineWise (2008-2020)	Advanced practice pharmacist Geriatric pharmacotherapy expert
Prof Debra Rowett	The University of South Australia The Repatriation General Hospital, South Australia	Professor of Pharmacy Director of the Drug and Therapeutics Information Service
Veronika Seda	Department for Health and Wellbeing, South Australia The University of Sydney	Pharmacist Clinical advisor PhD candidate
Jessica Seeto	The Pharmacy Guild of Australia, director policy and regulation Victorian branch	Pharmacist
Prof Sepehr Shakib	Northern Adelaide Local Health Network The University of Adelaide	Professor of Clinical Pharmacology
Angela Shiu	Advanced Pharmacy Australia (AdPha, formerly The Society of Hospital Pharmacists of Australia) Austin Health Better@Home Subacute Program	Clinical Pharmacist Geriatric Medicine, Member of the AdPha Geriatric Medicines Leadership Committee
Dr Andrew Stafford	Curtin University	Consultant pharmacist Senior lecturer
Dr Irene Tan	Applecross Eye Clinic	Ophthalmologist
Prof Marc Tennant	The University of Western Australia	Dental practitioner Dental public health expert
A/Prof Leanne Teoh	Australian Dental Association The University of Melbourne	Associate Professor of Dental Therapeutics Dentist Pharmacist
Stephen Tucker	Northern Health Australian Podiatry Association	Associate Director Allied Health, Podiatry and Orthotics
Emeritus Prof John Watson	Northern Neuroscience Deputy National Secretary, The Rhodes Scholarships Australia	Neurologist

Name	Affiliation(s)	Profession/expertise relevant to guideline development
Donna Wellins	Australian Diabetes Educators Association	Credentialled Diabetes Educator
Dr Tim Whitmore	Royal Perth Hospital	Respiratory and infectious diseases specialist

3.6 Consumer advisory group

The consumer advisory group was a part of the guideline development group. They were voting members of the GDG and co-created the guideline.

All consumer/carer representatives were recruited from the Western Australia Health Translation Network Consumer and Community Involvement Program. Representatives received per hour honorariums for their contribution.

Four members of the consumer advisory group represent a specific panel comprising consumers and/or carers with lived experience.
The consumer advisory group provided critical insights into the challenges and needs that are often overlooked in clinical practice, provided their input on draft deprescribing recommendations, and ensured that at every stage the views of consumers and carers were considered. Additionally, they provided input in drafting the consumer preface of the guideline which serves as an introduction to the importance of incorporating consumers and carer voices in deprescribing decisions, emphasising the need for person-centred care.

Over the course of 10 weeks, seven online meetings (each ranging from 30 minutes to an hour) were held with the consumer advisory group to gather their feedback and explore their values and preferences regarding the continuation or discontinuation of each drug class for which evidence had been identified from the systematic review and meta-analysis. The goal of these meetings was to support the formulation of recommendations that reflected consumer perspectives and priorities. An online group discussion format was chosen based on the group's preference, allowing for real-time interaction, shared learning, and open conversation in a convenient and accessible way.

The consumer advisory group had access to all relevant evidence and had the opportunity to review the draft guideline prior to each meeting. An agenda was also circulated prior to each meeting to facilitate discussions. At the start of each meeting, common reasons for prescribing the medicine, known benefits and harms, and what the current evidence says about its use in older people were provided where possible. This information was tailored to be accessible and to support meaningful engagement, avoiding technical jargon where possible.

The group was then invited to share their initial thoughts and reflections based on their personal lived experience or caregiving experience. The discussion was supported by using open-ended questions and prompts (e.g. "What concerns would you have if this medicine was continued long-term?" or "What would be important for you to know if this medicine was being stopped?"). The facilitator ensured all members in the group had the time to provide feedback equally. Notes were taken by the facilitator and meeting minutes were shared after each session, with an invitation to revise or add comments to ensure their views were fully and accurately reflected.

Members could also contribute anonymously through written comments submitted before or after the meeting. In fact, many participants shared additional reflections and external materials relevant to the guideline development via email to the facilitator between meetings to further support their views.

The insights from these meetings were then synthesised and used to inform the wording of draft recommendations, ensuring they addressed the real-life experiences, concerns, and priorities of medicine users and their carers.

Table 2. Consumer Advisory Group composition

Name	Expertise relevant to guideline development
Amina Schipp	Consumer /carer, lived experience and aged care reform advocate
Maz Osborne	Consumer /carer and lived experience advocate
Howard Lance	Consumer /carer and lived experience advocate
Dr Saba Nabi OAM	Consumer or community representative

4. Conflicts of interest

Conflicts of interest (CoI) have the potential to bias guideline recommendations in several ways. In the context of this guideline, multiple experts within the guideline development group (GDG) have been actively involved in deprescribing research. While their expertise is invaluable, it may also be perceived as a potential bias toward favouring a deprescribing approach. Conversely, some GDG members have had financial ties to pharmaceutical companies or industry groups, which could introduce a perceived bias toward continued prescribing rather than deprescribing. Given these risks, a structured and transparent approach was taken to manage and mitigate potential CoI.

4.1 Management of CoI

To ensure transparency and minimise undue influence, the following sequential measures were implemented:

Terms of reference and CoI disclosure

- All GDG members were provided with a Terms of Reference document and given the opportunity to review and revise it as appropriate (Appendix A).
- The terms of reference established the expectation that all GDG members disclose any perceived or actual CoI and update the secretariat on an ongoing basis.
- CoI was declared via a structured disclosure form (Appendix B) or through emails. All GDG members were asked to inform the secretariat of any updates to their declarations on an ongoing basis. At the start of each Delphi round, members were reminded to review and update their disclosures. A register of competing interests is maintained and updated regularly (Appendix C).
- Disclosures were categorised into financial interests, relationships, affiliations, institutional interests, research funding, and an additional open-ended option to declare any other relevant influences that could reasonably be perceived to impact judgment.

Independent steering committee review

- The Guideline Steering Committee reviewed all declared CoIs to determine their potential impact on the guideline's objectives.
- The co-chairs of the steering committee (AP, CEB) were entirely independent and free from any financial CoIs.
- Any steering committee member with a declared CoI was excluded from reviewing their own conflict.

Clarification and assessment

- Additional details were requested from conflicted members where necessary to clarify the nature of their relationships, the influence of funders on their research activities, the specific medicines involved, and the relevance of these ties to the guideline recommendations.
- The Guideline Steering Committee assessed whether a declared interest constituted a serious CoI by evaluating the nature of the interest, the conflicted member's potential role in relevant decision-making, and its potential impact on the guideline's objectivity.

- Serious CoI was defined as financial interests, affiliations, institutional ties, or research funding that could result in a direct financial stake in the guideline recommendations. This included but was not limited to, employment with pharmaceutical manufacturers.

CoI management decisions
Based on the review and discussion, the Guideline Steering Committee could implement one of the following actions to manage CoI:

- For serious CoI: Remove the conflicted individual from the GDG.
- For CoI that could significantly influence recommendations: Request the conflicted member to abstain from all voting related to the relevant medicine(s).
- For minor CoI with limited impact on recommendations: Document the declaration and proceed with participation.

4.2 Transparency in reporting

A register of conflicts of interest was made available to all GDG members to ensure transparency and awareness of other members' declared conflicts.

See Appendix C for a full register of actual, potential or perceived conflicts of interest with respect to the guideline development and the publication of this guideline.

5. Key project milestones

Time	Milestone descriptions
2016	This guideline project was initially registered with the National Health and Medical Research Council (NHMRC) in 2016. An initial committee including external experts was assembled.
2019	The project received support from a University of Western Australia Faculty of Health and Medical Sciences Research Scheme Grant bequeathed by Dr Athelstan John Henton Saw OBE MLC. This grant supported research assistants for evidence synthesis and drafting recommendations using the GRADE approach.
June 2020	De-registration from the NHMRC Guideline Approval Program
Oct 2022 – Aug 2024	Updating a systematic review and meta-analysis (covering publications from inception to 26 April 2024), followed by GRADE assessment by two researchers trained in the GRADE methodology (HA, AQ)
Aug – Sept 2024	• Re-registration with NHMRC via online forms and communication via email exchange • Re-approaching previous members of GDG and recruitment of additional experts via emails • Confirmation of participation (as GDG members or external experts) and collection of conflicts of interest declaration via emails • Online meetings with NHMRC • Recruitment of consumer advisory group • First round of draft review via circulation of online documents and all accompanied materials
Oct 2024	Follow-up meeting with NHMRC
Nov 2024	Confirmation of outcome regarding accepting guidelines into the NHMRC Approval Program. NHMRC confirms that the submitted guideline is not eligible for acceptance into the Approval Program at this stage, as guidelines already in development are not eligible under current procedures. NHMRC states that the guideline may be considered for approval as part of a future update, provided it meets the necessary criteria.
Dec 2024	GDG endorsed rating for the importance of outcomes (majority vote)
Oct 2024 – March 2025	Revision of draft guideline content and draft recommendations
Dec 2024 – Jan 2025	Recruitment of additional specialists/clinical experts and review of relevant therapeutic areas
Dec 2024	GDG online meetings following the first review
March 2025	Delphi Round 1 completed
March 2025	New search for evidence literature review (covering publications from 26 April 2024 to 15 March 2025)
Apr 2025	Delphi Round 2 completed

Apr 2025	Draft recommendations and content of the entire guideline finalised
Apr – May 2025	Independent review (AGREE II appraisal) and public consultation

6. External experts input

The following external experts provided once-off feedback on an early draft of the guideline.

Dr Emily Reeve (ER) is a pharmacist and researcher with relevant expertise in the field of deprescribing. ER led the development of an evidence-based clinical practice guideline for deprescribing cholinesterase inhibitors and memantine which was published in 2018. ER is currently the chair of the Australian Deprescribing Network (ADeN) and is involved in multiple research activities related to deprescribing. ER declared no further potential conflict of interest to the guideline development.

Dr Aili Langford (AL) is a pharmacist and researcher with relevant expertise in the field of deprescribing. AL led the development of an evidence-based clinical practice guideline for deprescribing opioid analgesics which was published in 2022. AL is a technical advisor for a World Health Organisation guideline on controlled medicines policies and will receive consultancy funds for her contributions. AL is also a member of the executive committee of ADeN which the role is unpaid. Although NHMRC has no commercial interest, AL declared that she receives support from an NHMRC investigator grant for which she conducts research on the topic of opioid deprescribing (2024-2028). AL declared no further potential conflict of interest to the guideline development.

Dr Elizabeth Manias (EM) is a registered nurse and a board-certified geriatric pharmacist with extensive experience in acute care, geriatric rehabilitation, community care and critical care. EM is a member of the executive committee of ADeN, a member of the Nurse Deprescribing Group of the American Academy of Nursing, an expert panel on aging, and a member of the Transitions of Care and Primary Care Leadership Committee of Advanced Pharmacy Australia. EM declared no further potential conflict of interest to the guideline development.

7. Non-GDG members involved

This guideline was developed with the support of the following individuals who were not part of the GDG or external experts who generously contributed their time and expertise.

Table 3. Assistance from non-guideline development group members

Name(s)	Role in the guideline development
Prof Rhonda Clifford and Georgie Lee	Co-authors of the systematic review and meta-analysis
Dr Ria Hopkins, Dr Nashwa Masnoon, Mia Percival, Evelyn Dimopoulos	Assisted in systematic review and meta-analysis and initial drafting of the guidelines
Tiernan McDonough	Assisted in the additional search of the systematic review and meta-analysis
Kerry Mace	Co-authors of the systematic review and meta-analysis

8. Independent review

Two independent appraisers will complete the AGREE II appraisal, with the completed form to be attached once finalised.

9. Public consultation

The public consultation will run from 24th April 2025 to 31st May 2025. The duration of the public consultation aligns with the NHMRC's legislated minimum 30-day requirement.

Appendix A. Terms of reference

All GDG members received the Terms of Reference document (attached below), which outlined their roles, responsibilities, and expectations. They were also given the opportunity to review the document and propose revisions, if required.

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1. Purpose and Scope

This guideline was proposed to help address the lack of guidance for deprescribing, especially for older people. Excellent clinical practice guidelines for deprescribing exist for a number of drug classes. Our goal is to provide broad guidance for medicines commonly encountered in practice, that complements more detailed drug-specific clinical practice guidelines.

2. Background & Context

Deprescribing is an effective strategy to reduce the use of inappropriate medications. While treatment guidelines are widely available, clinical practice guidelines for deprescribing currently exist for only a limited number of drug classes. Healthcare professionals consistently cite the lack of detailed guidance as a barrier to deprescribing. Therefore, we propose to develop a deprescribing clinical practice guideline that covers all common medications used by older people.

3. Composition

3.1 Steering committee

The guideline steering committee has the primary role of guiding and overseeing the overall development of the guideline. The steering committee members will serve in their personal capacities. The secretariat and co-chairs will be members of the steering committee. All steering committee members will be part of the GDG. The steering committee will comprise:

- Professor Christopher Etherton-Beer, Geriatrician and clinical pharmacologist (Co-chair)
- Dr Amy Page, pharmacist (Co-chair)
- Ms Hui Wen Quek, pharmacist (Lead Author and Secretariat)
- Dr Kenneth Lee, pharmacist and biostatistician

The co-chairs are to:

- Provide opportunities for all members to raise their views
- Ensure respectful and efficient discussion of relevant issues
- Reflect on and summarise the opinions
- Facilitate group discussions in a manner to achieve consensus
- Raise issues that could inform the decision process
- Outline strategies to manage conflicts of interest

The secretariat is to:

- Coordinate communication and be a first point of contact for all GDG members
- Maintain and manage a register of conflicts of interest
- Distribute correspondence, documentation, meeting agendas and minutes

3.2 Guideline development group (GDG)

The GDG will be led by co-chairs from the steering committee who shall serve in their personal capacities. GDG members may serve in their personal capacities or to represent participating organisations. Members represent a broad breadth of multidisciplinary skills and experience.

The GDG will comprise:

- At least two consumers with lived experience
- At least two general practitioners
- At least two geriatricians
- At least one public health expert
- At least two pharmacists
- At least one allied health professional from each of the following disciplines: optometry, dental, podiatry, physiotherapy and psychology
- At least one nurse practitioner or nurse
- At least one expert in implementation science or behavioural science
- At least one statistician
- At least one epidemiologist
- At least one health economist
- At least one person experienced in guideline development, methodology or systematic reviews
- At least one person from a rural or remote area
- At least one health professional working in each of hospital, aged care and private practice settings
- At least two people from culturally and linguistically diverse backgrounds

The GDG will comprise of a nominee by the following organisations or professional bodies identified as stakeholders or representatives of end users who will adopt, adapt and implement the guideline:

- Royal Australian College of General Practitioners
- Australian College of Nurse Practitioners
- Pharmaceutical Society of Australia
- Advanced Pharmacy Australia (formerly known as Society of Hospital Pharmacists Australia)
- Australasian College of Pharmacy
- Pharmacy Guild of Australia
- Australian Dental Association
- Optometry Australia
- Australian Podiatry Association
- Australian Diabetes Educators Association
- Dementia Training Australia
- At least two Consumer and Community Involvement, Western Australia Health Translation Network (WAHTN)

One member may represent more than one identified category. In other words, one person may fulfil the requirements of a general practitioner, a person from a culturally or linguistically diverse and someone working in the private practice setting.

GDG members do not receive any remuneration for any work related to the Guideline development except for the nominees of the Consumer and Community Involvement who will receive the standard honorarium specified by the WAHTN for their consumer and community representatives.

3.3 Term of appointment

Members will be appointed for two years, or until such time that the Guideline Development is complete or they resign from their position.

4. Key responsibilities and expectations of group members

- Agree on the scope, questions and inclusion and exclusion criteria
- Rating the importance of outcomes
- Contribute constructively to guideline development
- Develop actionable recommendations based on reviews of evidence
- Identify potential implementation issues and propose steps to overcome them
- Assess the acceptability and feasibility of the recommendations
- Weigh the potential risks and benefits of the recommendation
- Make decisions on what information should be included
- Consider and deliberate on public consultation submissions

5. Key expectations of group members

- Disclose all perceived or actual interests and update the secretariat on an ongoing basis so that conflicts of interest can be identified and managed
- Participate respectfully in discussions
- Understand the evidence on which the guideline is based
- Participate to the best of their ability in each stage of the guideline development
- Understand and adhere to agreed methods of communication and methods of document generation and review

6. Schedule and format of planned work

The work of the GDG will be conducted asynchronously online where possible. This will be achieved by using collaborative platforms and shared documents to enable tasks to be performed asynchronously. Scheduled meetings will be held if agreed upon by GDG members, ensuring the availability and participation of key individuals.

If agreed upon, members may be engaged to participate in small working groups on specific issues related to the guideline development specific to their area of expertise.

Details regarding the administration of any scheduled meetings are outlined in Appendix 1.

7. Function

The Guidelines will be developed in line with the guideline development protocol, which follows the processes outlined in the National Health and Medical Research Council (NHMRC) Guideline Development Methodology and the Appraisal of Guidelines for Research & Evaluation (AGREE) II Instrument.

Preliminary work: The steering committee has conducted and published a systematic review and meta-analysis to synthesise the evidence required to assist the guideline development group in making decisions about the evidence. The synthesised findings have been reported using the GRADE (Grading of Recommendations, Assessment, Development, and Evaluations) approach in this guideline. The steering committee will be responsible for drafting the preliminary recommendations based on the available evidence, and presenting the report of findings to the guideline development group to inform their deliberations and recommendations.

The steering committee will present the following to the guideline development group:

- Overview of the included studies
- Complete 'Evidence profiles'
- 'Summary of findings' tables
- Evidence-to-recommendations tables

The PDFs of all identified studies in the systematic review and meta-analysis will also be provided. A detailed description of all stages is provided in Appendix 2.

8. Confidentiality of Information

All information distributed to members in their capacity as members of the GDG are considered confidential. Members and external review experts shall not quote from, circulate or use GDG documents for any purpose other than a manner consistent with their responsibilities under these Terms of Reference. Members are not to use information gained during the development process for purposes other than fulfilment of work within the group. The steering committee retains full control over the publication of the final documents of the group, including deciding whether or not to publish them.

9. Publications and Authorship

The steering committee will be offered authorship on all peer-reviewed publications related to these guidelines. Unless otherwise approved and agreed by the steering committee in advance, Ms Hui Wen Quek will be the first author on all peer-reviewed publications. Intended related publications and eligibility for authorship are listed in Appendix 3.

Appendix 1. Administration of any scheduled meetings

If a scheduled meeting is required:

- The meeting will be conducted online between AEST 11am to 5pm to allow it to be during business hours for all Australians (unless during daylight savings, in which case it will be AEST 12 noon to 5pm).
- The steering committee will be responsible for developing and distributing the agenda and minutes
- There will be at least one week's notice with the agenda distributed at least 24 hours in advance
- The meeting minutes will be distributed within one week of the meeting
- Quorum will be 50% of members plus one
- There will be no provision to send a proxy

Appendix 2. Stages of guideline development

Stage 1: The purpose of Stage One is for GDG members to finalise the scope and the key questions for guideline development and review preliminary draft recommendations.

Members will be asked to:

1) Review, provide feedback and approve the purpose, scope, and overall structure of the draft guideline
2) Review and provide feedback on the draft evidence-based recommendations based on the GRADE approach (consider quality, strength, or certainty of body of evidence and additional factors as outlined in the 'Evidence-to-Recommendations' table)
3) Review the draft consensus-based recommendations

Stage 2: The purpose of Stage Two is to finalise the evidence-based recommendations and develop consensus-based recommendations. Members will be asked to:

1) Review and provide feedback on the updated draft with feedback on the scope and key questions from Stage One incorporated
2) Review, provide feedback and agree on the wording of evidence-based recommendations
3) Participate in a modified Delphi process to reach consensus for consensus-based recommendations via a survey.

Stage 3: The purpose of Stage Three is to provide review, feedback and approval for the guidelines to be released for public consultation.

Members will be asked to:

1) Review and provide feedback on the final draft of the preliminary guideline documentation
2) Approve the preliminary guideline documentation to be released for public consultation.

Stage 4: The purpose of Stage Four is to provide review, feedback and approval on the responses to the public consultation and to endorse the final version of the guideline for publication and further dissemination.

Members will be asked to:

1) Review, feedback and approve on the proposed final version of the guideline incorporating the public consultation feedback as required.

2) Approve the final documentation.

Please note: NHMRC have been approached to potentially register the guidelines in development with them. If the guidelines in development are registered with NHMRC, then the stage 5 approval will be to submit the guidelines to the NHMRC for their approval prior to public release. If NHMRC approval is not being sought, the stage 5 approval is to release the documentation publicly.

Stage 5: The purpose of Stage Five is to provide review, feedback and approval to a manuscript for submission to a peer-reviewed journal summarising the guidelines for dissemination.
Members will be asked to:

1) Review and provide feedback on the draft manuscript.
2) Approve the final manuscript for submission.

Please note: To be eligible to be considered for authorship, members will be given 14 days to provide feedback and approval (see below under Publication and Authorship for further information)

Appendix 3. Publications and Authorship

Systematic review and meta-analysis: The steering committee have published the systematic review and meta-analysis that informs the guideline development. This has already been published in the British Journal of Clinical Pharmacology.

Guideline development protocol: The steering committee will be eligible for authorship on a published protocol to inform the development of the proposed guidelines.

Guideline documentation: The guideline documentation will name all members of the GDG including the steering committee along with all affiliations. The final document along with all supporting documentation will be made available on the websites of both The University of Western Australia's WA Centre for Health and Ageing and Centre for Optimisation of Medicines. Additionally, all organisations listed as members of the GDG in these terms of reference may choose to publish the final document on their website.

Publication in a peer-reviewed journal: The steering committee will be named in any and all peer-reviewed publications. Where possible depending on the limitations of the journal on the number of named authors, authorship will be extended to the GDG members.
To be eligible for authorship a member of the GDG must provide approval for the manuscript for submission. To enable this, the manuscript will be circulated with the opportunity to provide feedback and approval with a response required within 14 days.
If the journal has limitations on the number of authors that exceed the number of people eligible for authorship, then authorship will be specified as the named members of the steering group on behalf of the guideline development team. The Medical Journal of Australia (MJA) is identified as the preferred journal for the first submission.

Higher Degree by Research Thesis: Ms Hui Wen Quek holds the sole eligibility to include any and all documents related to the guidelines and their development in a thesis or for any other purposes of assessment to partially or fully meet the requirement for a qualification.

Appendix B. Conflict of Interest (CoI) form

All GDG members were requested to disclose any actual or perceived competing interests using a structured disclosure form (attached below) or via email.

Conflict of Interest (CoI) Form

Please declare any perceived or actual competing interests so they can be managed. Please note that any CoI declaration will be documented in the 'administrative report' of the guideline publication as per NHMRC requirements.

Name: _____

Category	No	Yes	If yes, please describe
Financial[1]			
Relationships[2]			
Affiliations[3]			
Institutional interests[4]			
Receipt of research funding by the prospective member or immediate family members from any entity that has a commercial interest in the prospective guidelines.			
Any other influences which might reasonably be considered likely to affect the expert judgement of the individual, or lead to the perception by others that the judgement of the individual is compromised.			

[1] Financial – payments, gratuities, consultancies, honoraria, employment, grants, support for travel or accommodation, payment for meals and beverages or entertainment or educational event attendance (including registration fees) or gifts from an entity having commercial interest.
[2] Relationships – board memberships, employment, stock ownership or consultancies with corporations whose products/services relate to the conditions under review.
[3] Affiliations or associations with any organisations or activities which could reasonably be perceived to be an influence due to a competing interest either for or against the issue for which a guideline is being developed.
[4] Institutional interests (that is, interests arising from affiliation or association of an individual to an institution) – for example, when parties with an interest in the topic of the guideline have made gifts to the member's institution to endow chairs or fund the construction of research facilities or donate equipment to support a project in which the member is involved; or when research conducted within an institution could affect the value of equity that the institution holds in a company or the value of a patent that the institution licenses to a company.

Appendix C. Register of Conflicts of Interest

Name	Declaration of conflicts of interest	Strategy used to manage
Hui Wen Quek	Nil	-
Dr Amy Page	Affiliation: Served on the Pharmaceutical Society of Australia Victorian branch committee since 2017 and is the current state president and a board member.	Declaration
Prof Christopher Etherton-Beer	Member of the Drug Utilisation Sub-Committee and the Pharmaceutical Benefits Advisory Committee, but the contents of this publication are responsibility of the authors alone	Declaration
Dr Kenneth Lee	Speaker fees from GlaxoSmithKline Australia Pty Ltd.	Declaration
Dr Xisco Reus	Nil	-
Atinuke (Tinu) Abrahams	Affiliations: Branch member of Pharmaceutical Society of Australia, Pharmaceutical Defence Limited, Australian Diabetes Educators Association Others: Employee of the Victorian Aboriginal Health Service	Declaration
Prof Leon Adams	Received grant funding from Novo Nordisk, speaker fees and advisory board fees from Novo Nordisk and CSL Behring. Speaker fees from Dr Falk Pharma.	Declaration
Prof Osvaldo Almeida	Nil	-
Dr Hend Almutairi	Nil	-
Bree Armstrong	Part of Pharmaceutical Society of Australia team to obtain funding from Wilson's Foundation for access to eBooks of Maudsley Deprescribing Guidelines	Declaration
Leanne Boase	Nil	-
A/Prof Juanita Breen	Commission work, Pharmaceutical Society of Australia member, Australian Commission on Safety and Quality in Health Care committee member, consultant pharmacist	Declaration
Dr Lauren Brown	Nil	-
Prof Gillian Caughey	Board member of International Society of Pharmacoepidemiology	Declaration
Prof Lewis Chan	Nil	-

Name	Declaration of conflicts of interest	Strategy used to manage
Prof Roger Chen	Received payments for educational meeting speaker or chairperson, consultant, advisory board/committee member, or educational meeting attendee from AbbVie, AstraZeneca Australia, Novo Nordisk, Sanofi, Eli Lilly Australia, Boehringer Ingelheim, and Zuellig Pharma.	Declaration
Dr Edward Chew	Nil	-
Dr Antony Clark	Nil	-
Prof Tracy Comans	Paid Advisory Boards: - Member of the Star Ratings Advisory Board, Department of Health and Aged Care Star Ratings Section - Member of the AIHW Aged Care Data Advisory Group Consultancy: - Consultant to the Department of Health and Aged Care, Star Ratings - Consultant advisor to Healthconsult for the Department of Health and Aged Care, Establishment of a National Aged Care Mandatory Quality Indicator Program for in-home aged care services, Pilot Work: Director, National Ageing Research Institute	Declaration
Deirdre Criddle	Nil	-
Prof Peteris Darzins	Nil	-
Dr Paresh Dawda	Nil	-
Prof Jenny Doust	Nil	-
Susan (Sue) Edwards	Nil	-
Dr Jenny Gowan AM	Royal Australian College of General Practitioners Silver book writer	-
Kerryn Hart	Relationship: Employment at Optometry Australia and Deakin University	Declaration
Deborah Hawthorne	Chair of Pharmaceutical Society of Australia Consultant Pharmacist Community of Special Interest	Declaration
Dr Andrew Heredia	Nil	-
Prof Anne-Marie Hill	Nil	-
A/Prof Jesse Jansen	Nil	-

Name	Declaration of conflicts of interest	Strategy used to manage
A/Prof Lisa Kalisch Ellett	Nil	-
Dr Helen Keen	Financial: Zero Dollar contract – Novartis 24, speaker. Zero Dollar contract – Abbvie 24, consultancy. Investigator on clinical trials with AbbVie, Roche, Sun, Emerald, Novartis, Biogen, Sanofi, Syneos. Relationship: Australia Rheumatology Assoication Vice President and Board Member Investigator of a NHMRC funded randomised controlled trial of deprescribing. Affiliation: South Metropolitan Health Service Rheumatology service, Australia Rheumatology Assoication Vice President and Board Member, Cornerstones Faculty, eTGA Faculty, Rheumatology Republic, Editorial Board Australian Living Guidelines for the Management of Inflammatory Arthritis Faculty. Others: A3BC WA node Lead, ATLAS educational programme paid contributor.	Declaration
Dr Erin Kelty	Funds: I have received funds for research from MundiPharma and Medical Development International.	Declaration
Prof Ngaire Kerse MNZM	Nil	-
A/Prof Estie Kruger	Nil	-
Prof Susan Kurrle	Nil	-
Howard Lance	Nil	-
Adam Livori	Financial: Consulting fees from Sanofi, Novartis, Boeringher Relationships: Chair for cardiology Special Interest Group Advanced Pharmacy Australia, Fellow (Cardiac Society of Australia), (Advanced Pharmacy Australia and Australian and New Zealand College of Advanced Pharmacy) Affiliations: Monash University, Latrobe University, Baker Institute Others: Have received Safer Care Vic and NHMRC funding for PhD work	Declaration

Name	Declaration of conflicts of interest	Strategy used to manage
Rebecca Livori	Nil	-
Prof Dina Logiudice	Nil	-
Prof Arduino Mangoni	Nil	-
Dr Anthony Marinucci	National chair for Royal Australian College of General Practitioners Special Interest Group Aged care	Declaration
Dr Nilufeur McKay	Relationship: Consultancy for Novartis Pharmaceuticals for educational purposes.	Declaration
Prof Allison McKendrick	Funding: Recipient of Johnson & Johnson Vision Care research funding	Declaration
Prof Andrew McLachlan AM	Nil	-
Dr Treasure McGuire	Nil	-
Stewart Mearns	Nil	-
Prof Mark Morgan	Affiliation: member and leadership role in Royal Australian College of General Practitioners Others: Funded by MRFF to research frailty, Consultancy to Primary Health Networks related to data analysis and computer decision support including deprescribing.	Declaration
Dr Saba Nabi OAM	Nil	-
Prof Vasikaran Naganathan	Affiliation: Leadership of ANZSGM	Declaration
Ellie Newman	Nil	-
Dr Christopher Ng	Nil	-
Maz Osborne	Nil	-
Dr Ray Parkin	Nil	-
A/Prof Kevan Polkinghorne	Financial: Member Therapeutic Guidelines, Nephrology and Urology Writing Group	Declaration

Name	Declaration of conflicts of interest	Strategy used to manage
Prof Dimity Pond	Prof Pond delivers dementia training on a casual employment basis for Dementia Training Australia. This is a government-funded organisation, so not commercial in the usual sense. She is also doing one webinar on dementia for the South Australian Postgraduate Medical Association later this year. This is also not a commercial organisation in the usual sense. She is a CI on a number of dementia grants funded by the MRFF. She is also a clinician delivering care to one patient in a residential aged care facility. I generally see her in my clinic, but occasionally visit the facility when she is unwell.	Declaration
Dr Kathleen Potter	Relationships: Dr Potter works on contract for Ryman Healthcare (a large private Australasian residential age care provider) as a primary care consultant. She also owns shares in Ryman Healthcare. Other influences: Dr Potter has been heavily involved in deprescribing research and works clinically in the residential age care setting. This may bias her towards favouring a deprescribing approach in residential age care.	Declaration
A/Prof Debbie Rigby	Member of Australian Deprescribing Network	Declaration
Prof Debra Rowett	Nil	-
Amina Schipp	Nil	-
Veronika Seda	Nil	-
Jessica Seeto	Nil	-
Prof Sepehr Shakib	Nil	-
Angela Shiu	Affiliation: AdPha (formerly SHPA), Geriatric Medicine Leadership Committee Member	Declaration
Dr Andrew Stafford	Provides medication review services where deprescribing is common	Declaration
Dr Irene Tan	Financial: Previous attendance of educational events and dinners hosted by Novartis, Glaukos, Alcon and Zeiss	Declaration
Prof Marc Tennant	Nil	-

Name	Declaration of conflicts of interest	Strategy used to manage
A/Prof Leanne Teoh	Financial: Co-inventor of the product of MIMS Drugs4dent® and receive royalties; financial: author of the book Handbook of Dental Therapeutics and receive royalties; Relationship: Part of the MIMS Advisory Board; Affiliation: Vice Chair of the ADA Therapeutics Committee, University of Melbourne, Melbourne Dental School; Others: Recipient of grants from NHMRC (Investigator EL1, CRE and an EMCA MRFF)	Declaration
Stephen Tucker	Nil	-
Emeritus Prof John Watson	Relationships/affiliations/institutional interests: Director of Adventist HealthCare Limited (AHCL), chair of AHCL's Medical Advisory Committee. AHCL operates Sydney Adventist Hospital.	Declaration
Donna Wellins	Nil	-
Dr Tim Whitmore	There is a potential for a perceived CoI as I have received funding from Therapeutic Guidelines as a member of their expert group for the Antibiotic: Hospital chapter in the upcoming guidelines, though I would suggest this is only perceived rather than actual in this context. I also conduct industry-funded research into mycobacterial infections (i.e. am an associate site investigator on trials for the Royal Perth Hospital site) but don't think that is relevant to this setting.	Declaration

Appendix D. AGREE II appraisals

Two independent appraisers will complete the AGREE II appraisal, with the completed form to be attached once finalised.