THE UNIVERSITY OF WESTERN AUSTRALIA

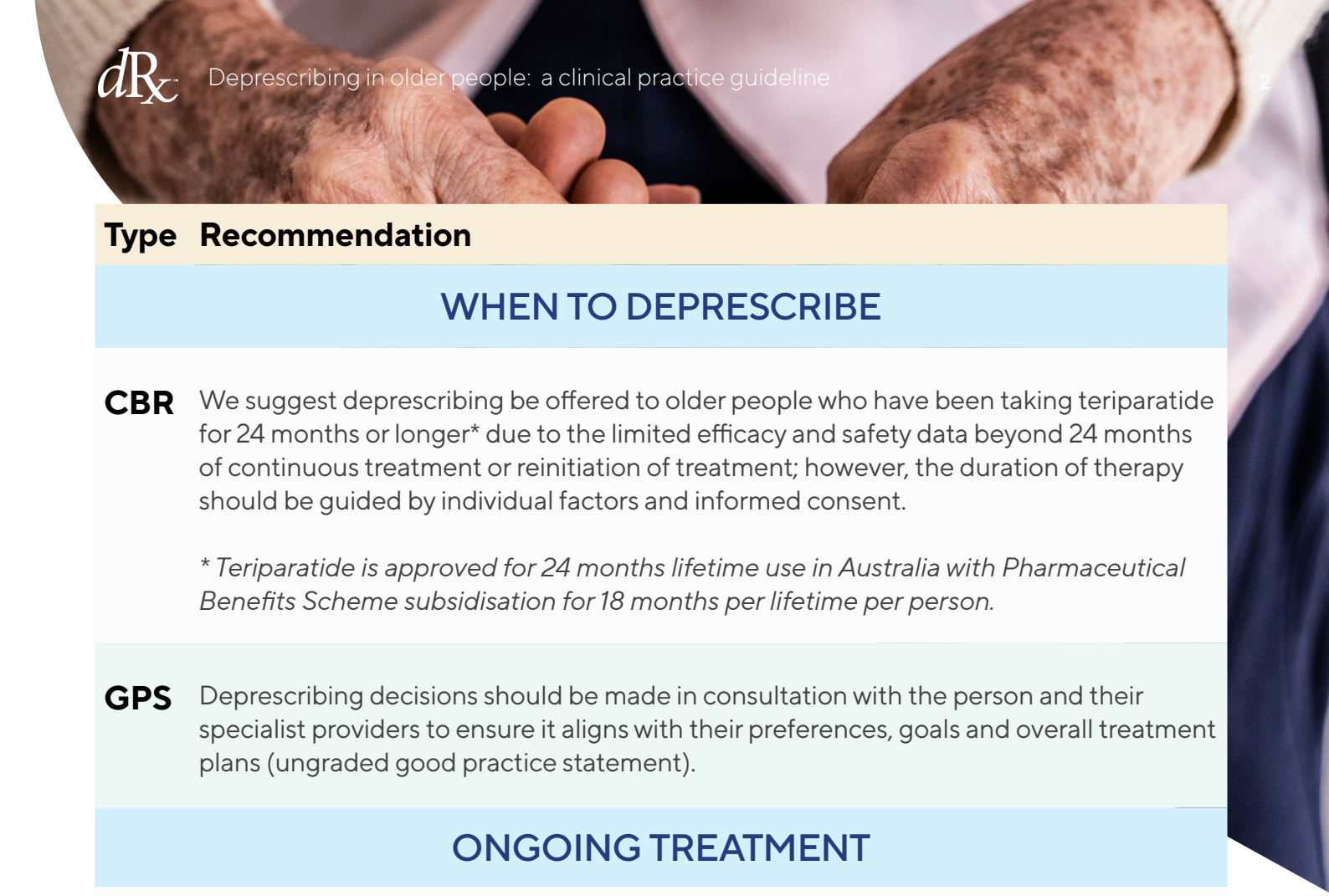
WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

TERIPARATIDE

Deprescribing in older people: A clinical practice guideline

dRx™



Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	We suggest deprescribing be offered to older people who have been taking teriparatide for 24 months or longer* due to the limited efficacy and safety data beyond 24 months of continuous treatment or reinitiation of treatment; however, the duration of therapy should be guided by individual factors and informed consent. ** Teriparatide is approved for 24 months lifetime use in Australia with Pharmaceutical Benefits Scheme subsidisation for 18 months per lifetime per person.*
GPS	Deprescribing decisions should be made in consultation with the person and their specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	For postmenopausal women and men discontinuing teriparatide, we suggest transitioning to bisphosphonate therapy for at least 12 months. If bisphosphonates are contraindicated or not tolerated, alternative antiresorptive therapy should be considered.
	HOW TO DEPRESCRIBE
CBR	We suggest ceasing teriparatide without the need for tapering.
	MONITORING
CBR	We suggest closely monitoring for fracture risk using the Fracture Risk Assessment Tool and/or bone turnover markers, and the need for restarting therapy for osteoporosis in people not receiving therapy at a high risk of fracture, such as at least monthly for the first six months after deprescribing, followed by monitoring every six months thereafter to maintain the therapeutic relationship while working on lifestyle optimisation to reduce falls and fracture risk through multifactorial approach (e.g. environmental changes, exercise, nutrition). We suggest assessing bone mineral density by using dual-energy X-ray absorptiometry for men and women once after 12 months of discontinuation of therapy.

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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