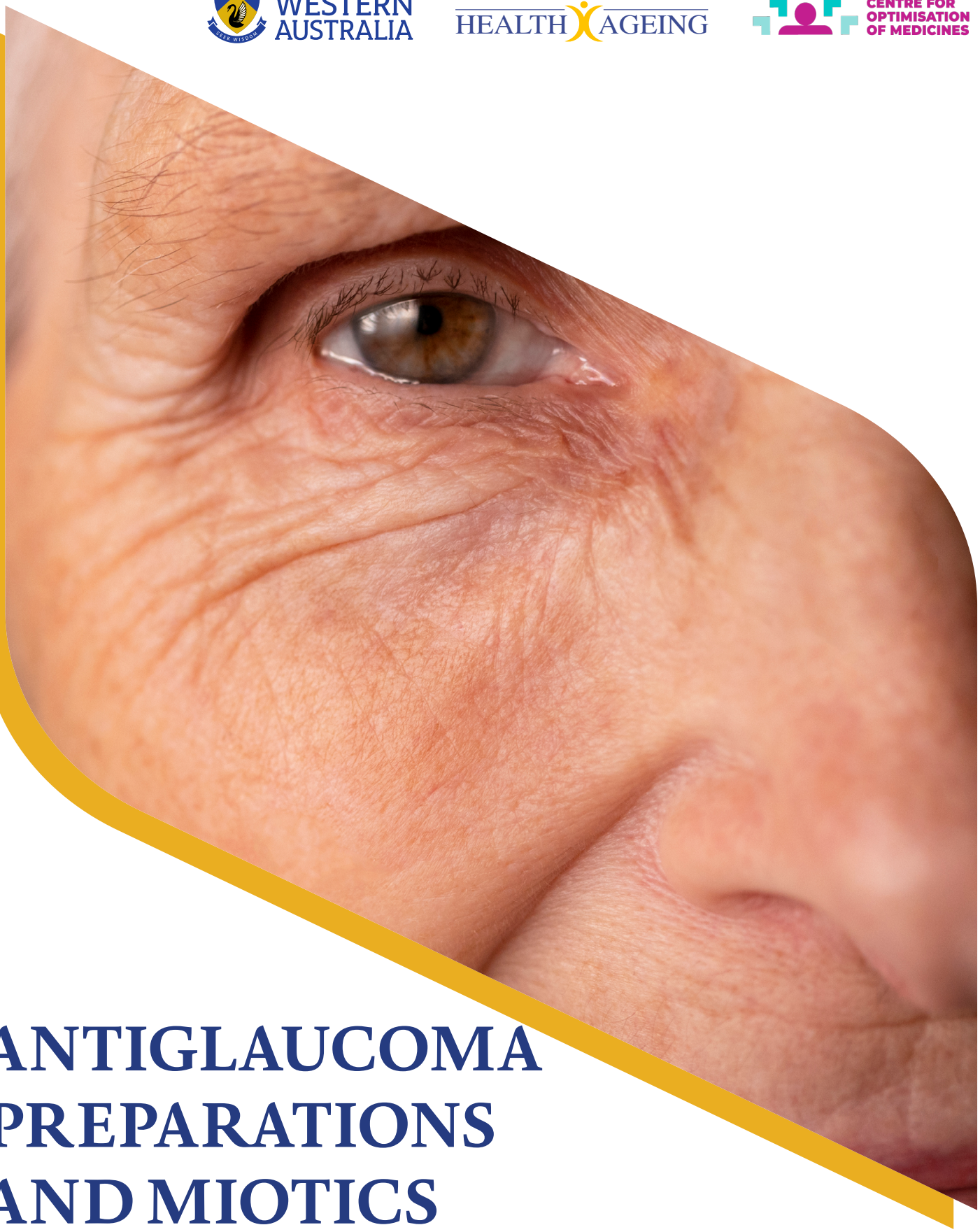
THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES



ANTIGLAUCOMA PREPARATIONS AND MIOTICS

Deprescribing in older people: A clinical practice guideline

dRx™

ANTIGLAUCOMA PREPARATIONS AND MIOTICS

Sympathomimetics in glaucoma therapy:

Brimonidine, apraclonidine

Parasympathomimetics:

Pilocarpine

Carbonic anhydrase inhibitors:

Acetazolamide, brinzolamide, dorzolamide

Beta blocking agents:

Betaxolol, timolol

Prostaglandin analogues:

Bimatoprost, latanoprost*, tafluprost, travoprost

Combination antiglaucoma preparations:

Brinzolamide with brimonidine, timolol with bimatoprost*/ travoprost/ latanoprost/ brimonidine/ brinzolamide, dorzolamide

*Common Pharmaceutical Benefits Scheme medicines

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	We suggest deprescribing be offered to older people who are taking anti-glaucoma preparations where the extent of glaucoma progression after treatment discontinuation is unlikely to impact the quality of life in their lifetime. Deprescribing decisions should be made in consultation with the patient and their prescriber (ophthalmologist or optometrist) to ensure it aligns with their preferences, goals and overall treatment plans.
GPS	Deprescribing decisions should be made in consultation with the person and their treating ophthalmologist and/or optometrist to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	We suggest ceasing anti-glaucoma preparations without the need for tapering.
	MONITORING
CBR	We suggest closely monitoring for signs of glaucoma progression and intraocular pressure for two to eight weeks after discontinuing the medicine, then 3 to 6 monthly in the first year. Thereafter can be extended to 6-12 monthly based on the severity of glaucoma and patient preferences. We suggest advising patients to inform their healthcare providers of any concerning symptoms in between appointments.

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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