ISRCTN11751440 https://doi.org/10.1186/ISRCTN11751440

Hospital pharmacists successfully work with the acute care team to stop home medications deemed no longer necessary

Submission date
28/08/2017

Recruitment status
No longer recruiting

Registration date
06/09/2017

Overall study status
Completed

Last Edited
23/01/2019

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
In today's complex system of delivering health care with multiple providers, a patient's long term medication regimen is not re-evaluated as frequently as perhaps it should be. If hospitalized, the care team is often reluctant to change or stop home medications non-contributory to the admission. Alternatively, in the community, the patient's primary care provider may not have adequate time for re-evaluation. From the published papers on this topic, stopping home medications that are deemed ineffective, redundant, or even harmful will result in fewer adverse drug events such as impaired cognition, falls, hospitalization, and death. This is likely because the number of medications an individual takes has been identified as the single-most important predictor of harm. The aim of this study is to see if daily de-prescribing rounds lead to greater rates of stopping home medication cessation upon hospital discharge.

Who can participate?
Adults aged 19 and older who have been admitted to the participating site and are taking at least one medication prior to admission.

What does the study involve?
Participants are randomly allocated to one of two groups. Participants receive the standard care for despite what group they are allocated to. Those in the first group have their prescribed medications reviewed and have time with the pharmacists to discuss their specific medication needs and what can be discontinued. Those in the second group receive the standard level of care. Participants who have discontinued home medications are followed up after 30 days to see if they continued their discontinuation.

What are the possible benefits and risks of participating?
If a patient had a home medication discontinued they may benefit from reduced pill burden, reduced side effects, and overall increased quality of life. Participants may be at increased risk of symptom recurrence or worsening.

Where is the study run from?
Royal Jubilee Hospital (Canada)

When is the study starting and how long is it expected to run for?
June 2015 to July 2016

Who is funding the study?
Island Health Authority (Canada)

Who is the main contact?
Ms Rachel Edey

Contact information

Type(s)
Scientific

Contact name
Ms Rachel Edey

ORCID ID
https://orcid.org/0000-0002-5277-5030

Contact details
1952 Bay Street
Island Health Authority
Victoria
Canada
V8R 1J8

Additional identifiers

Protocol serial number
BC2015-097

Study information

Scientific Title
Impact of Deprescribing Rounds on Outpatient Prescriptions: An Interventional Trial

Acronym
I DROP IT

Study objectives
Daily deprescribing rounds would lead to greater rates of home medication cessation upon hospital discharge.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Health Ethics Research Board (HREB) for Island Health, 21/10/2015, ref: VIHA File Number: BC2015-097

Primary study design
Interventional

Study design
Prospective dual-arm unblinded single-centre interventional study

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Polypharmacy

Interventions
Participants are allocated to one of two arms. Allocation to the intervention arm or control arm is based on which clinical teaching unit (CTU) team the patient was admitted under, which alternated between the two teams on a daily basis. Participants are excluded if they were not taking medications prior to admission or if transferred to another service prior to discharge. The follow-up period was 30 days after discharge.

Patients allocated to the control arm receive standard care.

Patients allocated to the intervention arm undergo a formal review of all prescribed home medications by a clinical pharmacist. A deprescribing guide and standardized medication review is used to identify medications eligible for discontinuation. During daily patient care rounds, dedicated time was given to the clinical pharmacist to discuss patient specific proposed medication changes. Prior to discontinuation of a medication, changes are discussed with the patient to explain the rationale and ensure agreement. On both the intervention and control teams, changes to home medications are communicated to both the patient and outpatient healthcare provider as per standard clinical teaching unit (CTU) discharge documents.

No further follow up is planned. The participants with discontinued home medications had follow up at 30 days after discharge from the CTU service. Follow up was performed through the research site patient management software and through phone calls from study investigators.

Intervention Type
Other

Primary outcome(s)
The number of home medications discontinued upon hospital discharge is collected from standard CTU discharge documents and were evaluated four week intervals.

Key secondary outcome(s)
1. Hospital readmission or emergency department visits (to an Island Health facility) within 30 days of discharge was measured using study site patient management software at four week intervals
2. The proportion of medications remaining deprescribed at 30 days after discharge was measured through follow-up phone calls to participants at 30 days post discharge

3. Physician impressions of deprescribing rounds were elucidated through an anonymous, self-administered, web-based questionnaire web-based survey at four week intervals
4. Patient opinion of deprescribed medication/s were determined through follow-up phone questionnaire to participants at 30 days post discharge

Completion date
29/11/2016

Eligibility

Key inclusion criteria
1. All males and females admitted under the Royal Jubilee Hospital Clinical Teaching Unit (RJH CTU) service
2. Taking at least 1 medication prior to admission
3. 19 years or older

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Not taking any medications prior to admission
2. Under the age of 19 years
3. Foreign language barriers
4. Not discharged from RJH CTU during study period

Date of first enrolment
23/11/2015

Date of final enrolment
31/07/2016

Locations

Countries of recruitment
Canada

Study participating centre
Royal Jubilee Hospital
1952 Bay Street

Victoria, British Columbia
Canada
V8R 1J8

Sponsor information

Organisation
Island Health Authority

Organisation
University of British Columbia

Organisation
Island Health

ROR
https://ror.org/057xs4529

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Island Health Authority

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication. Note that aggregate data would be presented and no patient identifiable information would be released. The participant level dataset was de-identified prior to analysis.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/02/2019	23/01/2018	Yes	No