APPENDIX B Medication Optimization Standard Operating Procedure (SOP)

Center for Perioperative Mental Health Intervention: Medication Optimization

Part A: Initial Medication Review/Letter to Primary Provider

Step 1: Complete detailed review of patient's home medications: For each medication, determine the indication, the duration of use, the dose, and frequency. Ask follow-up questions as needed to: Confirm compliance of each medication. Assess history of any dose modifications and patient's perceived impact. Make sure to specifically ask for any over-the-counter medications or supplements, as well any as-needed medications.

Step 2: Evaluate the patient's home medications for any of the medications on the list below. Included on the list are medications that may be harmful for older adults and are therefore eligible for deprescribing. These medications can cause decreased energy, cognitive impairment, and increased fall risk.

MEDICATIONS WITH ANTICHOLINERGIC PROPERTIES: typically, these can be stopped abruptly	
Generic	**Brand**
Amitriptyline	Elavil
Atropine	
Benztropine	Cogentin
Chlorpheniramine*	Actifed, Allergy & Congestion Relief, Chlor-Trimeton, Codeprex, Efidac-24 Chlorpheniramine
Cimetidine	Tagamet
Cyclobenzaprine	Amrix, Fexmid, Flexeril
Cyproheptadine	Periactin
Dexchlorpheniramine	
Dicyclomine	Bentyl
Diphenhydramine*	Advil PM, Aleve PM, Bayer PM, Benadryl, Excedrin PM, Nytol, Simply Sleep, Sominex, Tylenol PM, Unisom
Diphenoxylate	Lomotil
Doxepin	Adapin, Silenor, Sinequan
Fesoterodine	Toviaz
Hydroxyzine	Atarax, Vistaril
Hyoscyamine	Anaspaz, Levbid, Levsin, Levsinex, NuLev
Imipramine	Tofranil
Meclizine	Antivert, Bonine
Orphenadrine	Norflex
Oxybutynin	Ditropan, Oxytrol
Prochlorperazine	Compazine
Promethazine	Phenergan
Pseudoephedrine HCl/Triprolidine HCl	Aprodine
Scopolamine	Transderm Scop
Tolterodine	Detrol
SEDATIVES – BENZODIAZEPINES: may need tapering unless low-dose/intermittent	

Generic	**Brand**
Alprazolam	Xanax
Chlordiazepoxide	Librium
Clonazepam	Klonopin
Diazepam	Valium
Estazolam	Prosom
Lorazepam	Ativan
Oxazepam	Serax
Triazolam	Halcion
Temazepam	Restoril, Normison, Planum, Tenox, Temaze
NONBENZODIAZEPINE "Z-DRUGS" SEDATIVES: may need tapering unless low-dose/intermittent	
Generic	**Brand**
Eszopiclone	Lunesta
Zolpidem	Ambien

* Almost all OTC sleep and cold/flu medications contain one of these. Patients will not likely know these ingredients. Find out if they take OTC sleep/cold medicine and recommend stopping it.

Step 3: Evaluate the patient's home medications for antidepressants eligible for dose escalation. Compare each antidepressant medication dosage to therapeutic dose ranges listed in the Lexicomp database. If a patient's medication dosage is below the therapeutic dose range, make a note on the patient's medication list. Common examples include:

- Citalopram: increase to 20mg if dose less than 20mg.
- Escitalopram: increase to 10mg if dose less than 10mg.
- Sertraline: increase to 50mg if dose less than 50mg.
- Fluoxetine: increase to 20mg if dose less than 20mg.
- Paroxetine: increase to 20mg if dose less than 20mg.
- Duloxetine: increase to 60mg if dose less than 60mg.
- Venlafaxine: increase to 150mg if dose less than 150mg.
- Vilazodone: titrate (by 10mg/week) to 40mg if dose less than 40mg.
- Bupropion: increase total daily dose to 300mg if total daily dose is less than 300mg.

Step 4: If the patient is taking a medication eligible for deprescribing: (a) explain why it may be harmful and get more clarification, if necessary, about reason for taking. (b) Find out (ask the patient) if they've noticed any problems with gait, cognition, or sedation or confusion. (c) Ask if the patient has any concerns about stopping the medication (e.g., benzodiazepines). (d) Get feedback from the patient (eg, willingness to stop). (e) Tell the patient you will discuss with the medication optimization team and return with official recommendations.(f) Find out who prescribes the medication and get buy-in to contact the patient's PCP (and/or the prescriber of the medication).

> "Oxybutynin causes fatigue and cognitive problems in older people. Have you noticed any problems with your concentration, energy, or balance?" "You told me you take it for your bladder—do you think it's helping?" "You will think more clearly, have more energy, and have better balance if you stop it or switch to a different medication that isn't bad for your brain." "What do you think? [if in doubt, ask directly: "would you be willing to stop or switch this

medication?]" "I will discuss with the medication optimization team and let you know what they recommend. Is it ok with you if we contact your doctor to discuss these changes?"

Step 5: If the patient is taking an antidepressants eligible for dose escalation: (a) Explain that the dose of their medication may be more helpful for improving their mood and anxiety if taken at a higher dose. (b) Ask if they have ever tried taking it at a higher dose and whether they had any side effects or improvements. (c) Ask if they would have any concerns with increasing the dose. (e) Tell the patient you will discuss with the medication optimization team and return with official recommendations.(f) Get buy-in to contact the patient's PCP (and/or the prescriber of the medication).

"I see that you are taking 75mg of venlafaxine each day, and continue to have anxiety and a low mood. Venlafaxine works better to manage those symptoms when it is taken at a higher dose, 150mg. Have you ever taken venlafaxine at a dose higher than 75mg? Would you have any concerns with trying a higher dose to provide better management of your mood and anxiety? I will discuss with the medication optimization team and let you know what they recommend. Is it ok with you if we contact your doctor to discuss these changes?"

Step 6: Email medication list to the medication optimization contact (regardless of whether the patient appears to have any medications that are eligible for optimizing). Give any necessary details about patient experience, issues with medication compliance, resistance to stopping certain meds, perceived effectiveness, etc. Note any differences from their medication list in Epic.

Step 7: Upon receiving instructions from the medication optimization contact, contact the patient's relevant physician (PCP in most cases) via Epic. For providers outside the WU/BJC Epic instance, a letter will be sent via fax with a call to the office to confirm receipt.

Step 8: Communicate recommendations for medication optimization to the patient:

1) "As we discussed, your medications can have a huge impact on your energy, fall risk, and brain function. Our expert in medications in older adults has reviewed your list of medications and recommends stopping the Oxybutynin because it causes problems in older people. If you stop it, you will think more clearly, have more energy, and have better balance. We contacted your doctor and they are on board with this plan"

2) "You told me that you don't think the Oxybutynin is helping very much anyway, so you can just stop it immediately. If you notice bladder problems after stopping it, you can try taking a non-toxic alternative."

3) "Does this plan make sense to you? Do you have any questions?"

4) "Great, stopping the Oxybutynin will definitely help your energy and thinking. That'll help you towards your goal of going on evening walks with your wife."

<u>Part B:</u> Following Up with the Patient Throughout the CPMH Intervention

<u>Phone calls:</u>

- Use each phone call to keep an updated list of meds: "Have you had any changes to your medications since we spoke last?"

- If new meds have been added, check new meds against the list of medications eligible for medication optimization. If the patient is on a medication from the medication optimization list, then go through Step 3 above with the patient, then send update to Medication Optimization team.

<u>Home visits:</u>

- Home visits are not required, but if they occur, they provide a good opportunity to compare the medication list to the actual medication bottles the patient has at home. Confirm that our original list is correct.

- If there are changes, check new meds against the list of medications eligible for medication optimization. Send update to medication optimization team if necessary.

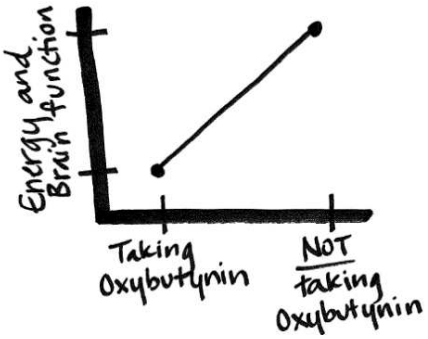
- Ask if they've noticed any changes since the medication was stopped.

  "When you were in the hospital, you stopped taking oxybutynin because it causes fatigue and worsens memory. Since then, have you noticed any improvement in your energy or thinking?"

  (If person responds yes, then make sure to respond positively and link this to their goals, eg "Great – your energy is improved! You're closer to your goal of taking walks with your wife in the evening!"

  If the person responds no, then still say: "That's ok – people don't always notice these improvements. But I can guarantee you, since you stopped this medication, your brain is working better.")

- Also use a Progress Tracker graph to show the progress made by this medication optimization. See the example below.



<u>Part C:</u> Post-operative Check for Resuming Antidepressant Treatment

- Check the patient's MAR in Epic appx 24 hours post-operatively to assess whether the patient's antidepressant treatment was held for surgery. If it was held, check to see if it has been re-started.
- Current guidelines and practice indicate the discontinuation risks are worse and more likely than potential impact of SSRIs/SNRIs on bleeding. Patients whose antidepressants are not resumed risk relapse in depression within 2-6 weeks.
- In the event that a held antidepressant is not re-started post-operatively, CPMH pharmacists will contact the patient's unit pharmacist.