

AtorvaCHATin: Documentation of Deprescribing Conversations Related to Statins

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Background

Deprescribing aims to reduce the burden of polypharmacy, namely potential for interactions and adverse effects. Statins are a common focus of deprescribing interventions. While hospitalisation is a good opportunity to rationalise medicines, little is known about documentation of deprescribing conversations.

Aim

To determine if deprescribing discussions and decisions are documented in the patient notes and discharge documentation of elderly patients admitted to a quaternary hospital.

Methodology

A retrospective audit of inpatients over 90 years of age who were taking a statin on admission across the 2022 calendar year was conducted. Clinical notes and discharge documentation (discharge summary and discharge medicines records) of a random sample of patients who had their statins ceased or remain unchanged were reviewed to identify documentation around the decision to continue or deprescribe statin therapy.

Results

There were 301 patients taking a statin on admission. On discharge, 221 (73%) statins prescriptions were unchanged, 16 were changed (5%), 29 were ceased (10%), and 6 were with-held (2%). Twenty-nine patients died during admission (10%). A total of 30 patients had their notes reviewed, 15 who had their statin ceased on discharge and 15 who had their statin continued. The decision to cease statin was documented in 40% (6/15) of inpatient notes, and 73% (11/15) of discharge documentation. Risk versus benefit discussion regarding statin was only documented in one encounter. The decision to continue statin therapy was documented in 7% (1/15) of patient notes, and 13% (2/15) of discharge documentation.

Conclusion

Rates of documentation of the decision to deprescribe or continue statin therapy are low in inpatient notes compared to discharge documentation. This discrepancy suggests that discussions around deprescribing occurred but were not documented. Without documentation, patients may have their statin ceased inappropriately or be missed for potential deprescribing interventions.

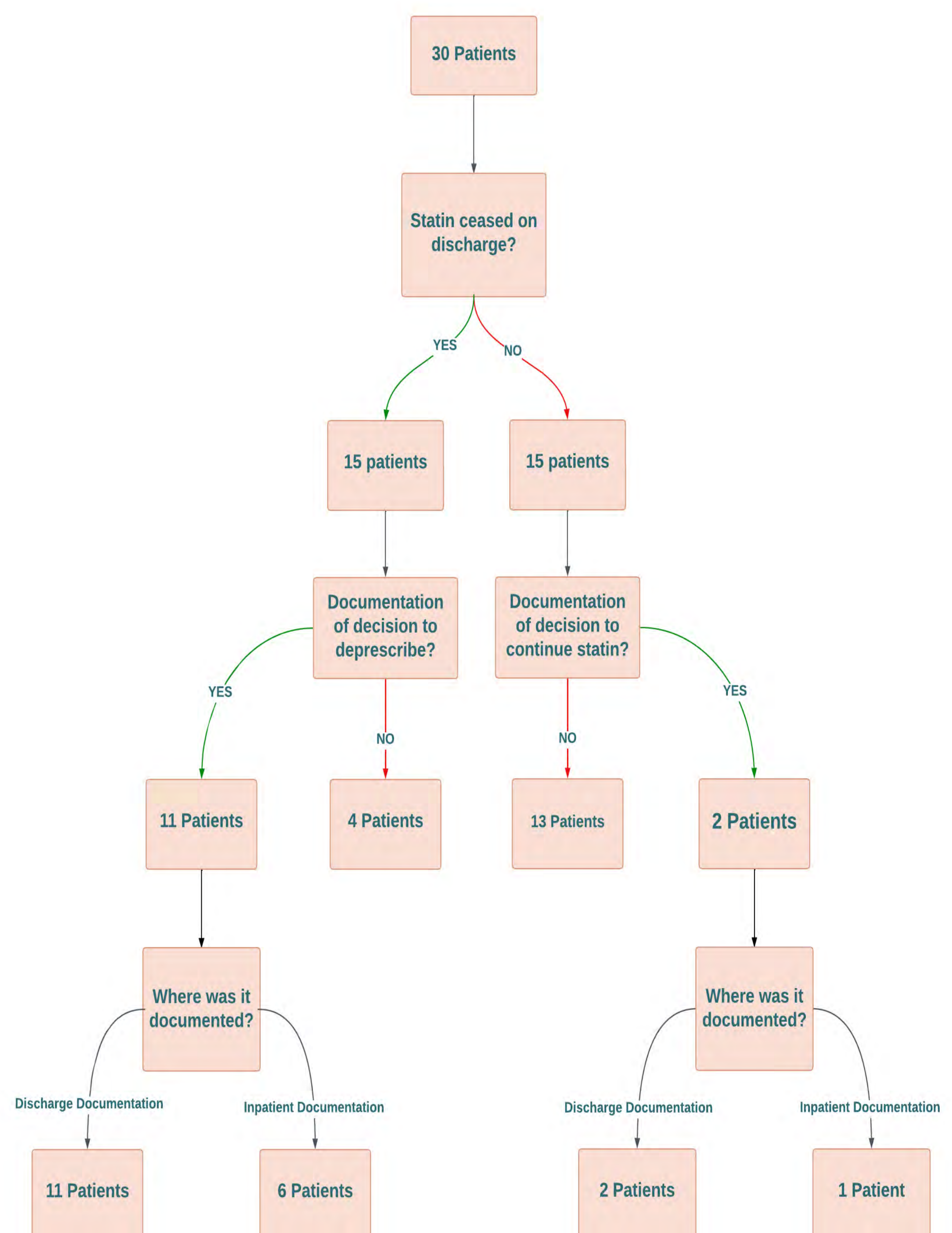


Figure 1: Documentation Rates of Decisions to Deprescribe or Continue Statin Therapy