NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Deprescribing antihypertensives with weekly taper intervals in long-term care, secondary data analysis of OptimizeBP data

Priority 1 (Research Category)

Geriatrics

Presenters

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Abstract

Context: There is minimal evidence about the optimal taper interval for antihypertensive deprescribing in frail older adults. A shorter taper interval would be advantageous for implementation.

Objective: To examine the deprescribing decision using 1-week taper intervals compared to 2-week taper intervals in the frail older adult population.

Study design and analysis: Secondary data analysis. University of Alberta Ethics (Pro00097312).

Dataset: OptimizeBP blood pressure measurements from 2021–2024. OptimizeBP is an antihypertensive deprescribing trial in long-term care. In the trial pharmacists/nurse practitioners deprescribed in 2-week taper intervals and used 4 blood pressure measurements from the previous 2 weeks to decide whether to 1) continue to taper (average systolic BP ≤145 mm Hg); 2) monitor for 2 additional weeks (average systolic BP 146–150 mm Hg), or 3) prescribe the previous dose (average systolic BP >150 mm Hg). Most pharmacists/nurse practitioners used an optional tracking sheet to track their deprescribing and submitted them regularly to the study team.

Population studied: Long-term care residents (≥70 years old, systolic BP <135 mm, and no diagnosis of congestive heart failure) in OptimizeBP.

Outcome measure: Percentage of deprescribing decisions that would stay the same if the OptimizeBP deprescribing algorithm is changed to a 1-week taper interval instead of the 2-week taper interval that was used in the trial.

Results: In the tracking sheets received, there was a total of 393 2-week tapers; 270 tapers had sufficient data for analysis (ace inhibitors [n=103]; calcium channel blockers [n=83]; ARB [n=65]; beta-blockers [n=9]; diuretics [n=10]). For 88% of tapers (n=239), the decision was the same using blood pressure measurements 1-week and 2-weeks post-reduction (deprescribe: 231; monitor: 1; prescribe: 7). For 12% of tapers (n=31), the decision was different: In 8 cases, the 1-week decision was to deprescribe and the 2-week decision was to monitor/prescribe, and in 23 cases, the 1-week decision was to monitor/prescribe and the 2-week decision was to deprescribe.

Conclusion: It may be feasible to deprescribe antihypertensives weekly for frail older adults. Further studies are needed to assess the reproducibility of these findings, whether the results are consistent among different dosages and classes of antihypertensives, and ultimately whether it is possible to discontinue antihypertensives without a taper.