NOWPATIENT

[Date]

Dr. [Doctor’s Name]

[Doctor’s Address]

[City, State, Post/Zip Code]

Dear Dr. [Doctor’s Name],

**Re: Referral for Deprescribing Consultation – [Patient’s Full Name. D.O.B]**

{Patient Name}, who is registered as your patient, recently undertook a deprescribing assessment using NowPatient’s virtual care platform.

After a thorough review of the patient’s medical history, current medication regimen, and health goals, I believe they may benefit from a targeted deprescribing plan to reduce polypharmacy and improve their overall quality of life.

The specific medications under consideration for deprescribing include:

* {{meds\_list}}

To support this referral, I am providing you with the following information, for your consideration, which is set out in the appendices to this letter:  
  
Appendix A - Information explaining the deprescribing service that your patient engaged with and detailed information about the evidence bases used to qualify the patient’s medication(s) for deprescribing.

Appendix B - A deprescribing protocol including evidence-based recommendations for tapering and discontinuing medications safely, as well as strategies to monitor the patient for withdrawal effects or symptom recurrence.

Deprescribing, when carefully implemented, can minimize the risk of adverse drug reactions, riks of unplanned hospital admissions and improved patient outcomes.

Please do not hesitate to contact NowPatient, if you require additional information, records, or specific details about the patient’s case. I look forward to your feedback and greatly appreciate your support in optimizing [Patient’s First Name]’s care.

Thank you for your attention to this matter.

Kind regards,

NowPatient

enc.

**Appendix A**  
  
**What is Deprescribing?**

It is common for people to be prescribed many medications and also to take over-the-counter treatments, vitamins, or supplements. Medications are often started for a good reason, but sometimes they are continued when they are no longer helpful and may cause adverse effects. Slowly and carefully cutting down on unnecessary medications with the help of a health care service is called deprescribing.

**How has your patient used the NowPatient AI Deprescribing service?**

The NowPatient AI deprescribing service is a chat interface that is highly trained on rigorous clinical deprescribing protocols. It communicates with your patient in natural language to evaluate if their medication is a suitable candidate to be deprescribed. If the AI Deprescribing Advisor recommends that the patient's medication is suitable for deprescribing, it will generate a referral to you. The report explains the rationale for the deprescribing protocol and can guide you as to if and how the medication can be safely deprescribed. Under NO circumstances is the patient advised by the service to STOP or WITHDRAW their medication, until they have discussed the report with you.

**What are the benefits of Deprescribing?**

Taking fewer medications could help your patient for several reasons:

* Lowering the number of medications being taken and reducing polypharmacy.
* Saving the health system money.
* Increasing the patient’s ability to reliably take the medications that do provide benefits.
* Decreasing the risk of dangerous adverse effects and improving quality of life.

**Is it safe to Deprescribe medications?**

The decision to deprescribe a medication ultimately rests with you as the patient’s primary care provider. You may decide that some medications can be safely stopped immediately, whereas others need to be slowly decreased, or “tapered,” a bit at a time.

Our report to you contains important information that uses evidence protocols to guide you on how to safely and effectively withdraw or stop the medication identified as a suitable deprescribing candidate.

{% if medication == "AC" %}  
  
**Evidence bases for the** **Anticholinergics (AC) Deprescribing Report**

The NowPatient AI Deprescribing report utilises AI that has been developed and trained using the following evidence-based deprescribing guidelines:

* ACB calculator Available at https://www.acbcalc.com/pages/about
* NSW Therapeutic Advisory Group which is an initiative of NSW clinical pharmacologists & pharmacists
* Anticholinergic burden 253 – 2.0| PrescQIPP C.I.C Available at:  
  https://www.prescqipp.info/our-resources/bulletins/bulletin-253- anticholinergic-burden/
* Kiesel, E. K., Hopf, Y. M., & Drey, M. (2018). An anticholinergic burden score for german prescribers: Score development. BMC Geriatrics, 18 available at https://doi.org/10.1186/s12877-018-0929-6
* An anticholinergic burden score for German prescribers: score development - BMC Geriatrics available at https://doi.org/10.1186/s12877-018-0929-6
* Lisibach, A., Benelli, V., Ceppi, M.G. et al. Quality of anticholinergic burden scales and their impact on clinical outcomes: a systematic review. Eur J Clin Pharmacol 77, 147–162 (2021) available at https://doi.org/10.1007/s00228-020-02994-x

Understanding ACB Scoring

Anticholinergic medications are used to block the neurotransmitter acetylcholine. Anticholinergics have systemic effects on smooth muscle function including the lungs, gastrointestinal system and urinary tract. Anticholinergic drugs are therefore prescribed to treat a variety of medical conditions including Parkinson’s disease, allergies, chronic obstructive pulmonary disease, depression and urinary incontinence.

Medications with anticholinergic properties can be associated with Adverse Drug Reactions (ADRs). Examples of such ADRs include dry eyes, urinary retention, dizziness, cognitive impairment and falls. The anticholinergic effect increases if a stronger anticholinergic is used, or if different anticholinergics are used in combination. Older patients are more likely to have multiple co- morbidities, and therefore to be on multiple medications. As the body ages, its ability to metabolise medications declines, the permeability of their blood-brain barrier increases and therefore older patients are more susceptible to the anticholinergic effects of their medications1-3 (https://www.acbcalc.com/pages/about#ref1).

Anticholinergic burden scales were created in an attempt to quantify the effects of these medications, and provide a practical tool for optimising prescribing for older patients4 (https://www.acbcalc.com/pages/about#ref4).

Longitudinal studies have shown an association between the use of Anticholinergics and the risk of developing cognitive impairment and of death5 (https://www.acbcalc.com/pages/about#ref5).

Research also indicates that there is a dose-dependent association between long term use of Anticholinergics and the risk of developing Dementia6 (https://www.acbcalc.com/pages/about#ref6).

There is a plethora of literature on anticholinergic burden, including 22 different published scales. These scales are generally formulated by an expert team combining results of research into anticholinergic properties of medications along with their own clinical expertise. We are keen to provide reliable information and therefore have chosen to combine the scores of 2 different scales which we believe to be of the highest quality. These include the anticholinergic cognitive burden scale (ACB)4 (https://www.acbcalc.com/pages/about#ref4) and the German anticholinergic burden scale (GABS)7(https://www.acbcalc.com/pages/about#ref7).

Many medications that have anticholinergic properties are prescribed on the basis of robust clinical evidence. It is therefore appropriate that these be continued. The purpose of the Anticholinergic Burden Calculator is to aid the clinician in their decision-making during a medication review, and to offer alternatives with a lower Anticholinergic burden, which may or may not be appropriate for that patient.

How ACB Scores are calculated

The scores for each medication is taken directly from the ACB calculator table. If a patient takes more than one medication, the cumulative ACB score is calculated by adding the scores for each medication together.

{% endif %}

{% if medication == "PPI" %}

**Evidence bases for the Proton Pump Inhibitors (PPI) Deprescribing Report**

The NowPatient AI Deprescribing Advisor report utilises AI that has been developed and trained using the following evidence-based deprescribing guidelines:

* B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. based clinical practice guideline. Can Fam Physician 2017;63:354-64 (Eng), e253-65 (Fr)

{% endif %}

{% if medication == "AHG" %}

**Evidence bases for the Antihyperglycemics Deprescribing Report**

The NowPatient AI Deprescribing Advisor report utilises AI that has been developed and trained using the following evidence-based deprescribing guidelines:

* Farrell B, Black C, Thompson W, McCarthy L, Rojas-Fernandez C, Lochnan H, et al. Deprescribing antihyperglycemicagents in older persons. Evidence-based clinical practice guideline. Can Fam Physician 2017;63:832-43 (Eng), e452-65 (Fr)

{% endif %}

{% if medication == "AP" %}

**Evidence bases for the Antipsychotic (AP) Deprescribing Report**

The NowPatient AI Deprescribing Advisor report utilises AI that has been developed and trained using the following evidence-based deprescribing guidelines:

* Bjerre LM, Farrell B, Hogel M, Graham L, Lemay G, McCarthy L, et al. Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia: Evidence-based clinical practice guideline. Can Fam Physician 2018;64:17-27 (Eng), e1-e12 (Fr).

{% endif %}

{% if medication == "BZRA" %}

**Evidence bases for the Benzodiazepine & Z-Drug (BZRA) Deprescribing Report**

The NowPatient AI Deprescribing Advisor report utilises AI that has been developed and trained using the following evidence-based deprescribing guidelines:

* Evidence-based clinical practice guideline for deprescribing benzodiazepine receptor agonists. Can Fam Physician 2018;64:339-51 (Eng), e209-24 (Fr)

{% endif %}

{% if medication == "CHEI" %}

**Evidence bases for the Cholinesterase Inhibitor (ChEI) and Memantine Deprescribing Report**

The NowPatient AI Deprescribing Advisor report utilises AI that has been developed and trained using the following evidence-based deprescribing guidelines:

* Reeve E, Farrell B, Thompson W, at al Evidence-based Clinical Practice Guideline for Deprescribing Cholinesterase Inhibitors and Memantine. 2018.ISBN-13: 978-0-6482658-0-1

{% endif %}

**Appendix B**

{{appendix\_b}}