



HOME

ABOUT

FAQs

RESOURCES

CONTACT

MedStopper is a deprescribing resource for healthcare professionals and their patients.

1 Frail elderly? ☒

2 Generic or Brand Name:

3 Select Condition Treated:

Generic Name	Brand Name	Condition Treated	Add to MedStopper
acetaminophen	Tylenol	<input type="text" value="general pain/osteoarth"/>	ADD

Previous

Next

MedStopper Plan
































Arrange medications by:













CLEAR ALL MEDICATIONS

PRINT PLAN

Stopping Priority RED=Highest GREEN=Lowest	Medication/ Category/ Condition	May Improve Symptoms?	May Reduce Risk for Future Illness?	May Cause Harm?	Suggested Taper Approach	Possible Symptoms when Stopping or Tapering	Beers/ STOPP Criteria
<div>X</div> <div></div>	amitriptyline (Elavil) / Tricyclic antidepressant / chronic pain				If used daily for more than 3-4 weeks. Reduce dose by 25% every week (i.e. week 1-75%, week 2-50%, week 3-25%) and this can be extended or decreased (10% dose reductions) if needed. If intolerable withdrawal symptoms occur (usually 1-3 days after a dose change), go back to the previously tolerated dose until symptoms resolve and plan for a more gradual taper with the patient. Dose reduction may need to slow down as one gets to smaller doses (i.e. 25% of the original dose). Overall, the rate of discontinuation needs to be controlled by the person	cramping, diarrhea, nausea, sweating, hot or cold flashes, headache, dizziness, flu-like symptoms, fatigue, anxiety, restlessness, trouble sleeping, vivid dreams, tremors, muscle aches, confusion, pounding heart (palpitations), unusual movements, mood changes	<div>Details</div>

					taking the medication.			
X		quetiapine (Seroquel) / Second generation antipsychotic / agitation in dementia				<p>If used daily for more than 3-4 weeks. Reduce dose by 25% every week (i.e. week 1-75%, week 2-50%, week 3-25%) and this can be extended or decreased (10% dose reductions) if needed. If intolerable withdrawal symptoms occur (usually 1-3 days after a dose change), go back to the previously tolerated dose until symptoms resolve and plan for a more gradual taper with the patient. Dose reduction may need to slow down as one gets to smaller doses (i.e. 25% of the original dose).</p> <p>Overall, the rate of discontinuation needs to be controlled by the person taking the medication.</p>	<p>agitation, activation, insomnia, rebound psychosis, withdrawal-emergent abnormal movements, nausea, feeling of discomfort, sweating, vomiting, insomnia these symptoms vary somewhat depending on the specific antipsychotic</p>	Details
X		glyburide (DiaBeta, Glynase, Micronase) / Sulfonylurea / type 2 diabetes				Tapering not required	<p>symptoms of increased thirst/increased urination, re-measure A1c in 3 months, measure blood glucose only if high glucose symptoms occur/return</p>	Details
				CALC / NNT				
X		zopiclone (Imovane) / Non-benzodiazepine sedative / insomnia				<p>If used daily for more than 3-4 weeks. Reduce dose by 25% every week (i.e. week 1-75%, week 2-50%, week 3-25%) and this can be extended or decreased (10% dose reductions) if needed. If intolerable withdrawal symptoms occur (usually 1-3 days after a dose change), go back to the previously tolerated dose until symptoms resolve and plan for a more gradual taper with the patient. Dose reduction may need to slow down as one gets to smaller doses (i.e. 25% of the original dose).</p> <p>Overall, the rate of discontinuation needs to be controlled by the person taking the medication.</p>	<p>rebound insomnia, tremor, anxiety, as well as more serious, rare manifestations including hallucinations, seizures, and delirium</p>	Details
X		warfarin (Coumadin) / Warfarin / afib/valve				Taper to INR targets		None
				CALC / NNT				
X		oxybutynin (Ditropan) / Incontinence / incontinence				<p>If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the previously tolerated dose.</p>	return of symptoms	None
		calcium (multiple						

X		brands) / Calcium / osteoporosis (with or without previous fracture)				Tapering not required		None
X		ramipril (Altace) / ACE inhibitor / blood pressure		 CALC / NNT		If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the previously tolerated dose.	chest pain, pounding heart, heart rate, blood pressure (re-measure for up to 6 months), anxiety, tremor	None
X		bisoprolol (Zebeta) / Beta-blocker / heart failure		 CALC / NNT		If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the previously tolerated dose.	chest pain, pounding heart, heart rate, blood pressure (re-measure for up to 6 months), anxiety, tremor	Details
X		digoxin (Lanoxin, Digitek) / Digoxin / arrhythmia				If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the previously tolerated dose.	worsening of symptoms, increase in heart rate	Details
X		nitroglycerin (NitroStat) / Nitrate / angina				If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the previously tolerated dose.	chest pain, pounding heart, heart rate, blood pressure (re-measure for up to 6 months), anxiety, tremor	None
X		metformin (Glucophage) / Metformin / type 2 diabetes		 CALC / NNT		Tapering not required	symptoms of increased thirst/increased urination, re-measure A1c in 3 months, measure blood glucose only if high glucose symptoms occur/return	None
X		acetaminophen (Tylenol) / Acetaminophen / general pain/osteoarthritis				Tapering not required		None
X		furosemide (Lasix) / Diuretic / heart failure				If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the	weight gain, swelling, shortness of breath	Details

					previously tolerated dose.		
X		rosuvastatin (Crestor) / Statin / reduce CVD risk (no history of heart attack or stroke)		 CALC / NNT		Tapering not required	None
X		esomeprazole (Nexium) / Proton pump inhibitor / heartburn/GERD				If used daily for more than 3-4 weeks. Reduce dose by 50% every 1 to 2 weeks. Once at 25% of the original dose and no withdrawal symptoms have been seen, stop the drug. If any withdrawal symptoms occur, go back to approximately 75% of the previously tolerated dose.	return of symptoms, heartburn, reflux Details
X		alendronate (Fosamax) / Bisphosphonate / osteoporosis (with or without previous fracture)		 NNT		Tapering not required	None
X		ASA (Aspirin) / ASA / other				Tapering not required	Details

[PRINT PLAN](#)[CONTACT](#) | [TERMS OF USE](#) | [DISCLAIMER](#)