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

**1** Frail elderly?

**2** Generic or Brand Name:

ASA

**3** Select Condition Treated:

| Generic Name          | Brand Name              | Condition Treated | Add to MedStopper   |
|-----------------------|-------------------------|-------------------|---------------------|
| 5-aminosalicylic acid | Pentasa, Rowasa, Asacol | Select Condition  | <a href="#">ADD</a> |
| ASA                   | Aspirin                 | other             | <a href="#">ADD</a> |
| oxprenolol            | Trasacor                | Select Condition  | <a href="#">ADD</a> |
| rasagiline            | Azilect                 | Select Condition  | <a href="#">ADD</a> |

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## MedStopper Plan


Arrange medications by:

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| Medication/<br>Category/<br>Condition  | May Improve<br>Symptoms? | May Reduce<br>Risk for<br>Future<br>Illness? | May Cause<br>Harm? | Suggested Taper<br>Approach  | Possible Symptoms<br>when Stopping or<br>Tapering  | Beers/<br>STOPP<br>Criteria |
|--|--------------------------|--|--------------------|--|--|-----------------------------|
| risperidone (Risperdal) / Second generation antipsychotic / <b>agitation in dementia</b> |                          |  |                    | 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 | agitation, activation, insomnia, rebound psychosis, withdrawal-emergent abnormal movements, nausea, feeling of discomfort, sweating, vomiting, insomnia these symptoms vary somewhat depending on the specific | <a href="#">Details</a>     |

|   |   |   |   |   |  |   |   |                         |
|---|---|---|---|---|--|---|---|-------------------------|
|   |   |   |   |   | one gets to smaller doses (i.e. 25% of the original dose).<br>Overall, the rate of discontinuation needs to be controlled by the person taking the medication. | antipsychotic   |   |                         |
| X |    | citalopram (Celexa) / SSRI / <b>depression</b>  |    |    |   | 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).<br>Overall, the rate of discontinuation needs to be controlled by the person taking the medication. | nausea, diarrhea, abdominal pain, sweating, headache, dizziness, cold and flu-like symptoms, anxiety, irritability, trouble sleeping, unusual sensory experiences (e.g. electric shock-like feelings, visual after images), sound and light sensitivity, muscle aches and pains, chills, confusion, pounding heart (palpitations), unusual movements, mood changes, agitation, distress, restlessness, rarely suicidal ideation | <a href="#">Details</a> |
| X |   | oxazepam (Serax) / Benzodiazepine / <b>insomnia</b>   |  |  |   | 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).<br>Overall, the rate of discontinuation needs to be controlled by the person taking the medication. | rebound insomnia, tremor, anxiety, as well as more serious, rare manifestations including hallucinations, seizures, and delirium  | <a href="#">Details</a> |
| X |  | galantamine (Nivalin, Razadyne, Razadyne ER, Reminyl, Lycoremine) / Cholinesterase inhibitor / <b>Alzheimer's</b> |  |  |   | Tapering not required   |   | None                    |
| X |  | allopurinol (Zyloprim) / Xanthine oxidase inhibitor / <b>gout</b>   |  |  |   | Tapering not required   |   | None                    |
| X |  | calcium (multiple brands) / Calcium / <b>osteoporosis (with or without previous fracture)</b>                     |  |  |   | Tapering not required   |   | None                    |
| X |   | naproxen (Aleve, Naprosyn, Anaprox)   |   |   |  | Tapering not required   |   |                         |

|   |   |  |   |   |   |   |  |                         |
|---|---|--|---|---|---|---|--|-------------------------|
|   |    | / NSAID / <b>general pain/osteoarthritis</b>   |    |                                  |    |   |  | <a href="#">Details</a> |
| X |    | felodipine (Plendil) / Calcium antagonist dihydropyridine / <b>blood pressure</b>                |    | <br><a href="#">CALC / NNT</a>   |    | 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  | <a href="#">Details</a> |
| X |    | hydrochlorothiazide (Microzide) / Thiazide / <b>blood pressure</b>                               |    | <br><a href="#">CALC / NNT</a>   |    | 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  | <a href="#">Details</a> |
| X |    | metformin (Glucophage) / Metformin / <b>type 2 diabetes</b>                                      |    | <br><a href="#">CALC / NNT</a>   |    | 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 |  | atorvastatin (Lipitor) / Statin / <b>reduce CVD risk (no history of heart attack or stroke)</b>  |  | <br><a href="#">CALC / NNT</a> |  | Tapering not required   |  | None                    |
| X |  | alendronate (Fosamax) / Bisphosphonate / <b>osteoporosis (with or without previous fracture)</b> |  | <br><a href="#">NNT</a>        |  | Tapering not required   |  | None                    |
| X |  | ASA (Aspirin) / ASA / <b>other</b>   |  |                                |  | Tapering not required   |  | <a href="#">Details</a> |

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