

MEDSTOPPER

beta

Starting medications is like the bliss of marriage and stopping them is like the agony of divorce. - Doug Danforth

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
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Previous Next

MedStopper Plan

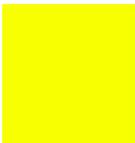
Arrange medications by:

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
X	fluoxetine (Prozac) / SSRI / depression				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 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	Details

X		metoprolol (Toprol XL, Lopressor) / Beta-blocker / 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	Details
X		oxybutynin (Ditropan) / Incontinence / incontinence				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	None
X		calcium (multiple brands) / Calcium / osteoporosis (with or without previous fracture)				Tapering not required		None
X		ibuprofen (Motrin, Advil) / NSAID / general pain/osteoarthritis				Tapering not required		Details
X		temazepam (Restoril) / Benzodiazepine / insomnia				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 taking the medication.	rebound insomnia, tremor, anxiety, as well as more serious, rare manifestations including hallucinations, seizures, and delirium	Details
X		hydrochlorothiazide (Microzide) / Thiazide / 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	Details
X		enalapril (Vasotec) / 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	chest pain, pounding heart, heart rate, blood pressure (re-measure for up to 6 months), anxiety, tremor	None

					approximately 75% of the previously tolerated dose.		
X		acetaminophen (Tylenol) / Acetaminophen / general pain/osteoarthritis				Tapering not required	None
X		simvastatin (Zocor) / Statin / reduce CVD risk (no history of heart attack or stroke)		 <small>CALC / NNT</small>		Tapering not required	None
X		lactulose (multiple brands) / Constipation / constipation				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 gastrointestinal symptoms None
X		omeprazole (Prilosec, Losec) / 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 <input type="button" value="Details"/>
X		alendronate (Fosamax) / Bisphosphonate / osteoporosis (with or without previous fracture)		 <small>NNT</small>		Tapering not required	None
X		ASA (Aspirin) / ASA / other				Tapering not required	<input type="button" value="Details"/>

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