



February 24th, 2021

The Honorable Patty Hajdu, PC MP
Minister of Health
House of Commons
Ottawa, Ontario, K1A 0A6
Postal location: 705 Red River Road, Suite 3, Thunder Bay, ON, P7B 1J3

Subject: The need for a national strategy to ensure the safe and appropriate use of medications for Canadian seniors

Dear Minister Hajdu,

The Canadian Deprescribing Network welcomes the Supplementary Mandate Letters our Prime Minister, the Right Honorable Justin Trudeau, has sent to the Minister of Health and the Minister of Seniors, both dated January 15, 2021. Among commitments set to be implemented on a priority basis, these letters request collaboration between health and seniors ministers in “accelerat[ing] steps to achieve a national, pharmacare program” and “tak[ing] additional action to help seniors age in place and stay in their home longer.” We believe that achieving both priorities requires a national strategy to ensure the safe and appropriate use of medications for Canadian seniors.

A universal, single-payer public prescription drug program will ensure affordable coverage and cost-effectiveness of pharmaceutical products along with equitable access to medicines for all Canadians regardless of province of residence, workplace, age and income. However, while Canada is on the cusp of negotiating a national pharmacare plan, **our country remains in a precarious state in relation to the appropriate use of medications**, especially for older Canadians. We must ensure that Canadians, and especially senior citizens, get the right medication, at the right time, at the right dose, and for the right reasons. When the potential for a medication to cause harm outweighs its potential for benefit, a medication becomes inappropriate. The government of Canada needs to establish a planned and coordinated effort to fight over-prescribing and the use of inappropriate medications which place seniors at risk of harmful side effects such as falls, fractures, memory problems and hospitalizations. The costs are astronomical: collectively Canada spends an estimated \$1.4 billion each year on treating the harms caused by potentially inappropriate medications in older Canadians.¹ What’s more, the extreme pressure on healthcare systems resulting from the COVID-19 pandemic has led to more patients falling through the cracks of the care continuum, which is frightening, considering the already precarious situation medication appropriateness is in across Canada.

The Canadian Deprescribing Network is a network of healthcare providers, academic researchers and patient advocates who firmly believe that a national pharmacare program should include a national strategy to ensure the safe and appropriate use of medications for all Canadians. In this letter, we present two all-too-common testimonies from some of our collaborators whose loved ones have experienced harm from their medications. We present a brief picture of risky

medication use in Canada, and we offer solutions which we believe should be included in a national strategy to ensure the safe and appropriate use of medications across Canada.

Testimonies: experiencing risky medication use

Every day, risky use of medications impacts the lives of Canadians. Here are the stories of two Canadian Deprescribing Network advocates who, as caregivers, have seen their loved ones suffer harm from inappropriate prescribing.

Johanna Trimble and her stepmother Pat

“I was called to the Emergency Department late one night to find my stepmother Pat confused, agitated, unable to remember how she got there, and struggling to leave. Next morning, she was back to normal [...]. Having been given no explanation for this troubling event, we wondered about a drug reaction. Upon discovering that her sleeping pill was the likely problem, we asked her family doctor to stop prescribing it and there were no further incidents for many months. Many months later, Pat (in her 80’s) showed the identical behaviour while in the hospital awaiting colon cancer surgery. This resulted in a postponement of the scheduled surgery, including the distinct possibility of cancellation due to a combination of her age and her inexplicable behaviour. This caused great stress for Pat and our family. However, we remembered the previous drug reaction and when asked, the nurses on the ward confirmed she’d been given the same sleeping pill. It was stopped, she quickly improved and the surgery was completed resulting in many more years of healthy living. We don’t know how this would have turned out if the surgery had been cancelled and the cancer had been left to do its worst.”

‘... we remembered the previous drug reaction and when asked, the nurses on the ward confirmed she’d been given the same sleeping pill.’

Dusty Parker and her mother Lilly

Dusty Parker acted as a caregiver for her mother Lilly, who suffered from vascular dementia and lived in a long-term care facility. One morning, Dusty noticed how challenging it was for Lilly to take her numerous pills: “She was, in fact, taking 16 different tablets a day! I decided to ask the family doctor for a medication review... little did I know all that this would reveal. My mother was still taking medications for a short-term problem she had experienced years ago, but had never been told to stop; she was taking 6 risky medications, where the risks outweighed the benefits; and she was taking medications just to treat side effects of other medications. By putting in place a deprescribing plan with the health care team, we decreased her medications by more than half. My mother’s health improved immediately. The biggest change I saw was her cognitive abilities. She was able to communicate with me again! I simply could not believe it. Additionally, symptoms like constipation, leg cramps, dry mouth, acid reflux disappeared – which improved significantly her quality of life. I’m so grateful that I asked for a medication review. I wish more people knew about deprescribing and asked if it would help them or their loved ones.”

‘She was, in fact, taking 16 different tablets a day! I decided to ask the doctor for a medication review.’

Evidence: the impact of inappropriate use of medications on Canadian seniors

Testimonials like the ones of Johanna and Dusty are unfortunately not hard to find. Canadian seniors take a lot of medications – and all-too-often, not the right ones. In Canada, nearly half of seniors (49.4%) take at least one medication for which the risk of harms outweighs the benefit.²

Over two-thirds (69.8%) of long-term-care facility residents are given potentially inappropriate medications.² Seniors can suffer numerous consequences as a result of taking inappropriate medications: cognitive decline, confusion and memory loss (which may be misdiagnosed as dementia), falls, fractures, hospitalizations and premature loss of independence are but a few examples. Evidence shows the more medications a seniors takes, the more likely they are to be hospitalized.² Some assessments suggest that 10% to 30% of emergency room visits in older adults are caused by risky medication use,^{3,4} with more than half of these admissions being avoidable.⁵ From the start of the COVID-19 pandemic in Canada through September 2020,

preliminary data indicates that psychotropic drugs prescribing has increased among nursing home residents in Ontario.⁶

Solutions: towards a national strategy for the safe and appropriate use of medications

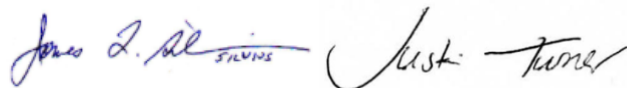
Both Dr. Hoskins' report on *Achieving Pharmacare for All*⁷ and the *Fit for Purpose* external review of the pan-Canadian health organisations⁸ highlight the need for a national strategy on appropriate medication use to support prescribers, pharmacists and patients on how to best use medications. The creation of a national body that unites jurisdictional strategies to promote appropriate medication use has been successfully implemented in comparable countries such as Australia, with the National Strategy for Quality Use of Medicines leading to cost reductions and improved health and system outcomes.⁹ Members of the Canadian Deprescribing Network believe **a similar coordinated national approach would support current jurisdictional initiatives and lead to appropriate medication use** through the creation of guidelines, feedback, education, creation of clinical tools and increasing public education and awareness. The creation of a national learning health system will allow the collective knowledge and experiences from across Canada to be shared, improving medication use for all Canadians.

Conclusions

In the spirit of actioning your commitment to ensure Canadians have equitable access to affordable, safe and appropriate prescription medications, **Canadians need your support for a national strategy on medication appropriateness and safety.** We ask to meet with you at your earliest convenience to further discuss the establishment of this national strategy in order to ensure the health, safety and quality of life of Canadian seniors.

In the meantime, we invite you to visit <https://www.deprescribingnetwork.ca/policy> for more details on the Canadian Deprescribing Network, as well as on the implementation of a national strategy on medication appropriateness.

Sincerely,



Dr. Jim Silvius and Dr. Justin Turner
Co-Directors, Canadian Deprescribing Network

References

1. Morgan SG, Hunt J, Rioux J, Proulx J, Weymann D, Tannenbaum C. Frequency and cost of potentially inappropriate prescribing for older adults: a cross-sectional study. *CMAJ Open*. 2016 Jun 22;4(2):E346-51. doi: 10.9778/cmajo.20150131. PMID: 27398383; PMCID: PMC4933607.
2. CIHI. *Drug Use Among Seniors in Canada, 2016*. Canadian Institute for Health Information; 2018. Accessed January 25, 2021. <https://www.cihi.ca/sites/default/files/document/drug-use-among-seniors-2016-en-web.pdf>
3. Oscanoa TJ, Lizaraso F, Carvajal A. Hospital admissions due to adverse drug reactions in the elderly. A meta-analysis. *Eur J Clin Pharmacol*. 2017;73(6):759-770. doi:10.1007/s00228-017-2225-3
4. Hohl CM, Dankoff J, Colacone A, Afilalo M. Polypharmacy, adverse drug-related events, and potential adverse drug interactions in elderly patients presenting to an emergency department. *Ann Emerg Med*. 2001;38(6):666-671. doi:10.1067/mem.2001.119456
5. Chan M, Nicklason F, Vial JH. Adverse drug events as a cause of hospital admission in the elderly. *Intern Med J*. 2001;31(4):199-205. doi:10.1046/j.1445-5994.2001.00044.x
6. Stall NM, Zipursky JS, Rangrej J, et al. *Increased Prescribing of Psychotropic Medications to Ontario Nursing Home Residents during the COVID-19 Pandemic*. *Geriatric Medicine*; 2020. doi:10.1101/2020.11.26.20239525
7. Canada, Health Canada, Advisory Council on the Implementation of National Pharmacare. *A Prescription for Canada: Achieving Pharmacare for All. Final Report of the Advisory Council on the Implementation of National Pharmacare.*; 2019. Accessed January 12, 2021. http://publications.gc.ca/collections/collection_2019/sc-hc/H22-4-18-2019-eng.pdf
8. Forest P-G, Martin D. *Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations*. Health Canada; 2018. Accessed January 7, 2021. <https://deslibris.ca/ID/10096404>
9. Weekes LM, Blogg S, Jackson S, Hosking K. NPS MedicineWise: 20 years of change. *J Pharm Policy Pract*. 2018;11(1):19. doi:10.1186/s40545-018-0145-y