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THE burden and costs of potentially inappropriate medications and polypharmacy are major public health challenges, but the effectiveness of deprescribing interventions in routine care remains unclear, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Professor Ian Scott, Director of Internal Medicine and Clinical Epidemiology at Princess Alexandra Hospital in Brisbane, and Professor of Medicine at the University of Queensland, and colleagues wrote “medicines that are ineffective or no longer indicated, discordant with care goals or where harms outweigh benefits should be deprescribed”.

But so far, they wrote, it has been hard to find evidence of the effectiveness of deprescribing in routine care.

“While animal studies show that deprescribing reduces frailty and functional impairment, clinical studies in humans have failed to consistently show changes in clinical outcomes such as falls, hospitalisations, adverse drug events, and cognitive and physical function,” they wrote.

The problem may lie in the design of the studies themselves, including being underpowered, containing residual confounding, short-term follow-up that misses long-term effects, inconsistent use of appropriate quality-of-life measures, insufficient targeting of the right patients, suboptimal durations of interventions, and limited use of appropriate decision support systems.

“Although recent deprescribing trials do not conclude improvement in clinical outcomes, they have signalled areas of innovation and offered insights into designing future trials more likely to establish the worth of deprescribing inappropriate medications,” Scott and colleagues concluded.

“We are not there yet but we are making progress.”

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