Daughterhood the Podcast
Episode #57
Deprescribing Medications with
DeLon Canterbury

• 45:02

RESOURCES:

Geriatrx - https://www.geriatrx.org/

Beers Criteria 2023 - https://gwep.usc.edu/wp-content/uploads/2023/11/AGS-2023-BEERS-Pocket-PRINTABLE.pdf

Narrow Therapeutic Index Drugs - https://go.drugbank.com/categories/DBCAT003972

Pharmacogenomics - https://my.clevelandclinic.org/health/articles/pharmacogenomics

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Rosanne Corcoran 01:06
Hello and welcome to Daughterhood the Podcast. I am your host Rosanne Corcoran Daughterhood circle leader and primary caregiver. Daughterhood is the creation of an Tomlinson who has worked on the front lines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents. We recognize this care is too much for one person to handle alone. We want to help you see your efforts

are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in Daughterhood.

Rosanne Corcoran 01:53
Dr. DeLon Canterbury is the founder of Geriatrx and is helping to revolutionize the way we look at prescription medications by educating the public on deprescribing. Geriatrx is a telehealth medication management company that focuses on helping overwhelmed caregivers stop their loved ones from being overmedicated by using genetic drug screening, derescribing and health cost saving strategies. They specialize in developing medication action plans for patients of all ages, but with a specialty in geriatric care. DeLon has been recognized as the deprescribing pharmacist, named one of the top 50 Most Influential pharmacists in the US, and most recently named one of Next Avenue and the American society on aging's advocates for aging 2024. In this episode, we discuss the importance of knowing the medications your care partners are taking, what he considers dangerous drugs, the most over prescribed drugs and how to discuss deprescribing with your care partners physician. I hope you enjoy our conversation. According to the nonpartisan think tank Lown Institute, more than 40% of older Americans regularly take five or more prescription drugs, and nearly 20% take 10 or more. When over the counter medicines and supplements are factored in, the share of older adults taking five or more pills, a practice known as polypharmacy, shoots up to 67%, DeLon why should caregivers be concerned with those numbers?

DeLon Canterbury 03:24
Yeah, it's it's a stark reality. Because, well, we have an over prescribing issue. In this country. We have a polypharmacy issue in this country, not just here. But across the world. Older adults tend to be the largest victim of medication side effects and errors, as their bodies simply don't process medications the same. So with that, they have more risks of falls, more risks of cognitive impairment, were at more risk of drug drug interactions, or even drug genetic interactions, which some more tests can check for. So the higher your med list, we even have some studies coming out of Ireland showing you how 85 year old and up the addition of each pill can actually increase mortality by about 3%. So there's an association of mortality increase with each additional medication added to a list. So we do have a problem. And our older adults are the largest consumers of prescriptions and over the counter medications within this country, period. So that's why I feel we have to change the narrative a bit and challenge the

status quo by leveraging you know, your community pharmacists or having open conversations with your prescribers about the necessity and lifetime benefit of needing to be on all these meds still. You know, what worked 20/30 years ago may not be appropriate for you in your mid 60s and 70s. So We have to change that, you know, yeah, and that's what my mission is here to do.

Rosanne Corcoran 05:04
Well, and you bring up a great point, because how do you talk to your doctor about it? Because there are times when you could be seeing different doctors and none of them, as much as you go over your, your prescriptions with these doctors, they don't look at the interaction. So how do you bring up those conversations with the doctor?

DeLon Canterbury 05:23
Yeah, yeah, it's, it's not too bad. You know, I always coach my patients to see that they have all the power, like, we are just guides, you're the CEO of your health. So when you have that autonomy in mind, you can do what you want, let's be honest, but ultimately have an open conversations, simply ask, you know, hey, you know, I'm interested in getting off some of my meds. What are one or two medications we can consider having a drug holiday? or stopping? Or do you see that there's a lifetime benefit? And, you know, if they're not even at least willing to have a conversation, and you might even need a doctor, you know, you want people who are able to listen and make sure you feel heard and respect your wishes. And it's not always well, I'm the neurologist. So you need to be on all these neuro meds are on the cardiovascular person. So you get to be at all this. And, and because it's truthfully no, we don't have evidence, especially for older adults, that all of these meds are completely vital, and important for that person's quality of life. So just having a regular discussion about prescriptions, and one opportunity you can do this is with your annual wellness visit people who have Medicare, there is an annual wellness visit, your clinicians can screen for where they're doing mental health checks, food security, etc, social determinants, but that's a prime opportunity to have a full comprehensive review with about the medications with your doctor. And that's the perfect time to have a deprescribing conversation, you know, just asking, you know, about what can we do to safely decrease the dose or withdraw some medications, that I just don't need any more. So making that a regular point of conversation is crucial. And then also to what are you doing to implement lifestyle changes or dietary changes to advocate for deprescribing Right? we have to substitute something with another. So are you taking that active lifestyle? Are you you know, avoiding those cheese eggs, which I love the most? Like what are we doing to

incorporate some healthy habits so you don't have to be on four or five different blood pressures. Because a lot of this stuff can be reversed. You know.

Rosanne Corcoran 07:41
Well, yeah. And that's, that's the hard part. Because you just can't stop. You have to there has to be a net of some sort. And how do you go about when they say, Well, you can just stop that? And you're like, I know, you can't just stop that you can just stop like today, it's fine. How do you go about then backing off of it?

DeLon Canterbury 08:01
There are studies that tell us that 92% of patients are willing to go ahead with deprescriber recommendations, once the doctor says so. So once they say, hey, you don't need these, most patients are pretty cool with it. And I completely respect the patient's psychological attachment or autonomy that may feel they're being challenged, we have to kind of reorient them to what the appropriateness of this may be now versus when you first had it on board. So yeah, yeah, you're I've had absolutely some patients who don't want to get off or it's just a part of their routine. So you have to, again, educate around that you're not here to, you know, force people to do anything. But ultimately, doctors have a lot of power in having positive outcomes when it comes to having a deprescribing conversation and and even better when patients are coming and bringing this up as a point of concern or, you know, maybe having some side effects or you know, I'm having issues. So really being in tune with some of the physical changes, you may experience as a patient or caregiver, you know, you guys see them day in and day out. So, you see those changes, you know, when something's off. So being very keen to that is critical when you're bringing that up to the doctor's office and being the urgency to potentially switch a remedy.

Rosanne Corcoran 09:29
Right, right. Well, because it is it's more than just giving the medicine it's more than just saying here mom, here's your pills, you know, we have a front row seat of this. Are there pills that you can just stop? Or are there pills that you have to like take half of this take it half of this for three days and then take a quarter of it for three days? Are our most of them. How do they fall? I guess it depends on the type.

DeLon Canterbury 09:51
Yeah, it's a it depends on the medication and the type and how long you been on it. So it's a number of factors you see it's very it's, it's quite variable, the response people may

have. And of course, there's certainly medications just can't stop cold turkey, right? So some anti psychotics, some benzodiazepines, like your Xanax Alprazolam. Even certain blood pressure medications, you don't want to just stop. So that's why it's important to leverage your your concierge pharmacists, you know, pharmacists, especially ones that are geriatric trained know the ins and outs of how to come up with those tapers. I mean, I've had some horror stories of people in transition of care, just cold turkey and their benzos, which is ridiculous and, you know, precipitating withdrawals on their care. I'm like, this is that ain't right, so we definitely don't want to do that. So, you know, deprescribing, again, it's a supervised safe removal of medications, and it could be a dose reduction, it could be a switch, or alternate therapy could be combining three in one. But it's ultimately do what we can to reduce the pill burden for our clients and for our caregivers. So ultimately, yeah, you you just you want to absolutely have a conversation, even if you're thinking about it, bring it up with your provider, like, don't see it as a challenge. See it as a just this is where I'm maybe having some issues, I need some support, can we try something else? And there usually other options out there,

Rosanne Corcoran 11:30
What do you see are the most common over prescribed drugs or drugs that people are on for years and years, but may not necessarily need to be on them.

DeLon Canterbury 11:40
So, you know, as we age, it's like, you know, like, you get you secure a car, right and anti car, and some things just kind of break down at time. And so a lot of the chronic conditions that we see are what most older adults have, right, the usual the high blood pressure, the diabetes, maybe some high cholesterol. And in some instances, you know, dementia medications and whatnot. So honestly, it's every one day, you know, I've seen aspirin over prescribed, I've seen Tylenol, overuse, it can be difficult to pinpoint all of them. But there are some some main ones that I challenge, more of our clinicians and some of our caregivers who may be adept at navigating resources, but there is a list called the Beers list, which is essentially a list of high risk medications that we tend to want to avoid. And people over 65 and up and they explain, you know, based on the medication class, why it may be inappropriate. In my direct line of work, I mean, I've seen a huge overuse of supplements and vitamins, which I'm not against at all. But you know, if you're being told it's gonna cure your memory loss or something ridiculous and you know, don't waste your money and time. But yeah, we tend to believe natural supplements and herbals are completely safe, and they are absolutely

not. They're absolutely not but the most part, sure, you may be okay. But if you're not considering how it may interact with your prescriptions, or other medications, or even other supplements, they can pose harm and I've seen them put people in ER's, right. I've had a patient who was taking a really raw form of cinnamon, right and was wondering why she was having so much heartburn. And she had had heartburn for like years where now she's failing. Omeprazole she's failing Zantac. She's failing Pantoprazole, she's failing pretty expensive prescription meds and now has to use a strongest one still failed it. Right. And it was because she was using the supplement for all these years and no provider took the time to see oh, this was what the association you know, so she wasted a lot of money. It was like a $90 copay at one point for that and one month supply and still fail. So it's like how much time was wasted how much energy was wasted if you didn't have a comprehensive review of your meds. So that's why I'd say ask your independent pharmacist if you can. If you got a local mom and pop pharmacy just go in support them. They tend to focus more on patient care versus kind of the pill mill design of a lot of our retail pharmacies. However, we've got amazing brilliant pharmacists in the community settings to is it's just a little hard to do all those things, because I've been there.

Rosanne Corcoran 14:40
Well, yeah. Because there's Yeah, it's gotten really hard to have these conversations with a pharmacist because they're so overworked.

DeLon Canterbury 14:49
Very, very, it's a tough climate for sure. And there's a reason why I left that world from being a retail pharmacy manager. Pushing the numbers to creating geriatrics or telehealth deprescribing company so that way you have your own access to a pharmacist without any brick and mortar without lines without insurance holding you up. It's all just access to intellect and advocacy and having someone to really navigate those meds because it's hard. It's how do we expect people to just be thrown into caregiving and now you have to manage and administer and understand that education management and the drug interactions and when the dosage and if you can crush it or not, like it's very difficult, like, we barely know that, like, we have to still look something up, right. So right, let's just get some people some grace here and, and give people the I call it an unhinged pharmacist like just casier. But just we're not hindered by the system, you know, and we have so much more to offer than just dispensing. So that's been one of the driving, I guess, forces behind this deprescribing movement is I think we need to redefine aging to require deprescribing and every conversation period.

Rosanne Corcoran 16:13
Absolutely agree with you and you know, your passion in your heart. It really came from your own experience, which I find a lot of caregiver advocates, that's that's what you know, that's where it originates. And can you tell me a little bit about how you got here?

DeLon Canterbury 16:28
Of course, so my grandmother had some mild dementia while I was finishing up undergrad and apply for pharmacy school. And we unfortunately had to move her from her facility in Brooklyn, down to our family home in Atlanta, where I grew up. And it was because they they could no longer take care of her because her behavioral symptoms were out of whack. Lo and behold, four or five months later of us witnessing our grandmother decline sundown become more irritable, you know, hiding things losing things, but I'm paranoid. We upon a refill discovered that she was taking a medication, which was an anti psychotic, it was Ziprasidone and it was being used inappropriately to manage her behavioral symptoms of dementia. Now, it was my mom who advocated or really complained about the client she's had and the pharmacist took that information. This was in a community setting at a Rite Aid in Atlanta, and she took the time to listen advocate and call the provider and convey some of the issues we've been having. And so in doing that, the pharmacists got the medication deprescribe and withdrawn over a couple of weeks. So that cause honestly a momentous shift in my grandma's health, she got much better, she got clarity. So much so that we were able to put her back into a different facility in New York and let her live into the beautiful age of 90 years old. So she actually passed my last day of pharmacy school a little bit shortly after her 90th birthday. But she was happy. She was cracking jokes. She remembered us she she was there, you know. And this was sort of the use of a medication, which has what's called an FDA blackbox warning, which is the most severe warning you can have on any prescription, but it does stay that they use so this medication can increase the risk of cardiovascular death or mortality in older adults or people who have dementia. Right. So it's like, why are we paying and allowing this provider to write an inappropriate prescription? And yes, they're between a rock and a hard place at the time they didn't have some of these newer agents were like three decades, there was only five drugs you could choose from or so for dementia. So I understand it being difficult. But if my mom didn't say anything, then I don't think my grandmother would have lived to see 90 And that tells me as a pharmacist, that one we don't do enough to advocate for older adults, too. We don't do enough to advocate for the caregiver. Three, the system wins when you're on more meds, and that's how it ends. It has always been

and at that point in my life, I was going into the community pharmacy and thankful to that pharmacist again shout out particularly energy to advocate for us in a way that I didn't know it impacts my trajectory and getting into geriatric medicine and getting board certified. But that taught me especially in working in the community as a Walgreens pharmacist and being in the same boat And then seeing the inundation of medication errors in particularly older adults, especially in rural communities, it was even more alarming to see that. So I got a bit depressed and angry with the health system and say, You know what, let's, let's just try something different. And maybe have every grandma on 20 meds and that was the mission behind geriatrics. So, in, you know, 2019 2020, I stepped down from that world of retail and said, Let's start this and help people directly. And it's been a roller coaster ever since.

Rosanne Corcoran 20:38
That's fantastic. It's fantastic because it's so hard because the doctors are telling you these things, especially when it comes to anti-psychotics and dementia. And your, you know, your a dementia caregiver, you're at the end of your rope. And here is this professional that saying no, no, you can, it's I know what it says but it's just a little bit and it will help. And you are in this, you are between a rock and a hard place. And it's hard because you're trying to get the answer from this person who's doing the prescribing, and is the doctor and you're just kind of floating in the breeze.

DeLon Canterbury 21:15
Yeah, it's it's tough. And especially with in the world of dementia, we just have to stop treating it as something you have to treat with medications, you know, it's not, it's not as cut and dry. As I say we frankly we just don't have the best medications for it. So when we start adopting more of these, you know, just, you know, dementia friendly conversation or redirection or just other malade other ways of treating this disease, you know, and seeing it as people with brain changes and understanding what that means in medicine and you know, from a clinician standpoint, that's the problem is we think we can just treat everything with a pill. And in some instances, Sure we can. But dementia is not one of those cookie cutter things and and that's why I'm really grinds my gears to see you know, he's he's anti psychotics and, and inappropriate meds just being powered on. And they tend to have a lot of polypharmacy when you're dealing with patients living with dementia, so and so that's why it's important for caregivers to really not take no for an answer. And like if you're questioning or concerned about something, use your voice, let it be known, like, raise it. And don't just sit back and let it happen, especially if you're seeing decline or things worsen in your loved one.

Rosanne Corcoran 22:48
It's that thing too when you talk to the doctor, and they say, Oh, I've never had anybody complain about that, or that shouldn't cause a problem. And then you're left with the Yeah, but it is. And I think you just like you said you just keep you just keep reiterating that or you don't leave the office until they address it. Like what what do you do in those in those instances?

DeLon Canterbury 23:10
Um, if it's possible, try to see another provider. If it's not possible, get a second opinion, you know, and that could be you know, your community pharmacists, that could be you know, working with us that could be having a third party, just a little audit of what's going on. But I'd say again, having a pharmacist help you advocate is where we come in, as we, we work with you. So that way, if you're a okay, if you feel like you don't understand what to say like, that's what we do, as a concierge, geriatric pharmacist, so we're meant to be the advocate within that waiting room, and we're discussing, you know, here are their harms that can happen. And so a lot of this really, again, is one of the things I like to empower people to say, hey, look, is this absolutely life sustaining, right? And if it's not absolutely life sustaining, or it's not important for the quality of life, then you may not need the medicine. And so that's where you are simply having an open conversation about, hey, what can we do to stop this time and you just make that a regular cadence? What can we do to get off one or two things until you're on as little medications as possible?

Rosanne Corcoran 24:27
Because every medication has a side effect?

DeLon Canterbury 24:30
Yup. Yeah.

Rosanne Corcoran 24:31
What is the difference in in a generic first versus the name brand?

DeLon Canterbury 24:36
Yeah. So generic. So the brand name is usually what comes up of a drunk first. And it's the proprietary you know, formulation of a drug product. So brand names, there is an active ingredient that does all the work. And so what generics are allowed to do is to

have Out of just 80%, or minimum of what the brand name is in terms of their active ingredient. Now, you could still get the same therapeutic effect. So no, probably random generic, I don't generally say there's a much of a difference, there are minut differences, like how it's made the recipe, the fillers, the formulation, the the eyes that are in it, there's some, you know, things in there like that nature, but ultimately, you're getting the same drug. So I, we tend to, you know, push more for generics. Now, some medications wouldn't be the same. Like there are some medications, like your thyroid medications, or like tacrolimus or warfarin, there's certain meds where you can't just switch the brand name with a generic name, because of how they're made. And they're what are called narrow therapeutic index drugs, meaning they have a very, very small window of benefit versus harm. So when you're in that sweet spot, no issues, but if you're outside of it, it can cause issues. So with those meds, you want to keep people on the same manufacturer. All right. So in a nutshell, those are the rare occurrences where Mike branded generics are not the same. But for most people, brand generics, generally, generics are gonna be just as fine if not cheaper, for what you're trying to manage.

Rosanne Corcoran 26:33
Okay, it's hard to with Medicare sometimes, because they're only going to pay for the generic. And if you are, if you are taking one of those neurotherapeutics, you know, depending on the generic company that they're buying from that month, it's going to be different.

DeLon Canterbury 26:48
Can be, you can always just have your doctor write that it's medically necessary for you to have the brand name. Does it mean your prices may go down? Because that's what's called a prior auth. So they could write that and see if that goes through. Sometimes that's okay. Especially if you have to have it some insurances will challenge that and want to see you fail their generic first. So, you know, it's insurance,

Rosanne Corcoran 27:18
Insurance. Yeah, it always comes back to insurance, doesn't it?

DeLon Canterbury 27:21
Yeah, it sure does.

Rosanne Corcoran 27:23

And I think it's also women's reactions to medications that haven't really been studied. It, you know, it almost feels like it's, it's, it's an afterthought at times because everything's studied on men. They're not studied on women. So when we cut when we go in and say, This is what's happening, it's like, oh, no, that's not what we have.

DeLon Canterbury 27:43
Yeah, no, it's that's a real issue. And our Yeah, our women actually just being female, is a risk factor for having more polypharmacy or higher, inappropriate medication is that historically, yeah, man, we are our data, we're generally looking at 40 year old white males. And we're extrapolating what works for them to older populations. And then, you know, let alone every male, so applicable to females. And so there are medications that are dosed differently based on gender. And women just have different biochemistry, right? So there's different hormones. There's also different responses in fat and how much we have fat stores. So the fat can affect the way a medication can work. Right? So that's why certain meds you want to be a little we have to underdose a little bit so to speak. So we have a huge problem with not including the best data for all people, right people of color, people, genders orientation, cetera, et we don't have clean data for that. So we've just kind of extrapolate from older data. And that's really why we're in the situation we're in with polypharmacy and more older adults taking all these meds without having someone really combing through all of them. So that's what I love doing, enjoy doing because I'm working for the family, not for anyone else.

Rosanne Corcoran 29:27
Right. What do you consider the most dangerous drugs that people are on regularly?

DeLon Canterbury 29:34
There are a lot of them are I'm be honest, man like I it'd be the most inspect unsuspecting drug that can cause issues. I've seen Benadryl used so many times to sleep, yet inappropriately in older adults, and I've seen it worsen dementia cases and flares and whatnot and didn't realize it. I mean, So in my world, of course there are big obvious no no's like high risk medications that worsen falls pretty bad. So like your your Lorazepam, your Benzos, Diazapine, Xanax, Alprasolam those anxiety meds that are used inappropriately for sleep. Those are a big one chronic opioid use, Hydrocodone, Tramadol, Norco, Oxycodon, we want to, we don't want you on that because of the falls risk and over sedation, dizziness and urinary or water retention. In some instances, mainly, the combination of those two benzos. And opioids can increase falls, and of course, cause overdose, especially if you combine them with alcohol. So those are kind

of the bigger ones, but I don't like ibuprofen, like NSAIDs, those are really harmful with long term use, again, all these have caveats, right. But for the most part, if I see long term, like ibuprofen, diclofenac, Alleve, they have a lot of a lot of drug interactions with blood thinners, and they can cause stomach leads to have increased stroke risk. Yeah, so there's a lot of meds. So that's why I'm like, it's important to know all your meds and have an up to date list of all the herbals and over the counter supplements, because I've seen benign diabetic drugs cause UTIs and urinary incontinence, and it was just because the diabetes med acted like a diuretic, and caused them to urinate. And it was just the way the drug worked. It wasn't doing anything wrong, it was just what happens. So just having that little tweak has now saved the caregiver, a crap ton of money on depends, you know, the risks of him getting up in the middle of the night and potentially falling in the bathroom mitigated because we switch that urgency of him heading to urinate. Yeah, and you know, his stuff is still controlled his diabetes. So having that pharmacist lens is gonna help you. But there are a lot another one I don't like our proton pump inhibitors. So those are your acid reflux medicines like your Omeprazole are mainly when people see Omeprazole, Pantoprazole, those are meant to block the acids, but they have been associated with fractures, they're associated with dementia with long term use also pneumonia infections. And also I don't like insulins and lethiners they're just some of the ones most associated with sending you to the ER and usually blood thinning. So there's a lot of meds, a lot of meds have their risks. Even your antidepressant has a significant falls risk, people don't know that.

Rosanne Corcoran 33:06
No they don't.

DeLon Canterbury 33:06
Just the use of antidepressants can cause a fall, or at least increase it I don't know 60% or so. So the goal is just get off as many meds as you can safely with your doctor's supervision or with our help of course. We're happy to do that. But anything can pose a risk. That's why I really stress an up to date med list and really assessing if it's appropriate for you for the rest of your life.

Rosanne Corcoran 33:36
Wow. So I guess when you talk to your doctor, like what is this for? What's the benefit of continuing? Can I lower the dose? Can I get off of the dose? That type of thing?

DeLon Canterbury 33:46

Definitely.

Rosanne Corcoran 33:47
Wow. Okay. And what does that look like? If somebody you know, somebody calls you and says, I would just want to go over this medication list? What does that look like?

DeLon Canterbury 33:56
Yeah, yeah, so we do telehealth concierge services, and you're able to sign up, just give us an idea of all your health conditions, all of your medications, and what are your goals for therapy. And for an hour and a half, we will do a deep dive with you. And we're gonna go through everything and look at everything and basically do a whole tune up on your body and just make sure that these things are not causing any potential harm. So this includes side effect management, if you already have some issues about some things, we're going to kind of match the drug that's most associated with the side effect. So that way you have a game plan going into the doctor's office and what we could potentially stop first. We're also assessing for the dose appropriateness. So is this dose absolutely necessary, right? You need to be on this forever. So we're to make sure that dose is appropriate for you. There's also a component where we're checking for your your genetics, so looking at your body. And so we can look and see how your body would respond to certain medications without you having to take a single pill. So there's a new world called pharmacogenomics study of your genes and nets. And so we can predict how your body may respond to a medicine, just by a simple cheek swab. So that's also a part of our services, is explaining what Hey, I mean, you have a rare hypersensitivity, you should avoid this, or you can't clear statins very well, that's why you're having muscle pains, you should switch to another, we're able to get some clarity for that. And then additionally, the fun part is we advocate with you. So we're not only giving you a cheat sheet of how to do all this, but we're gonna, you know, for people who sign up for our services, we advocate with your doctor, we were faxing the report to them, we're calling and discussing the issues you may have found. So that way, you just have your own advocate again, at the ready for any issues that may come up. So I'll people leave with a lot of clarity, they leave with a lot of confidence, they have a deeper understanding of the necessity of their needs. And the purpose of what they're dealing with. Most people don't know what they're doing and why they're taking all these meds or even what have the conditions, they have really mean. So I think explaining that and taking the time to get into that gives that, you know, that ability to see, you know, how they can make changes themselves is that empowerment piece that I think we we undervalued. So yeah, you can not only get that you also have a

professional who can essentially provide you with deprescribing opportunities and touch points. So you have a game plan. So we so that's a really big goal is advocating for less meds, I mean our first patient 36 medications, we were able to get her down to eight medications in just two months. All from one review, right, and work with the doctor to make it happen. So that's that's what we do.

Rosanne Corcoran 37:11
36 medications? Seriously, a doctor is is in a room with a patient and they're on 36 medications. And and nobody thinks that's a lot? How does that happen?

DeLon Canterbury 37:27
It is a it's a lot of reasons why it happens. It's a systemic issue. It's hard to put it on the doctor. But this woman had maybe five different specialists, neurologists, cardiologists, primary care, endocrine, it was, it was all of these doctors. And so one of the big problems I find are most doctors aren't communicating with each other on the medication plan or, you know, think of how their drug may interact with drug for another disease state. Right? That happens all too often. And so that's the problem is we don't generally embed a pharmacist prior to prescribing something, we do it reactively we write something and hope the pharmacy catches it, or the patient tells us it's not that bad of a side effect. And we change it later. So it's all done. reactively right. So yeah, so that's, that's one of the beauty of our services is we're kind of don't care who all the doctors are. And we we look at everything holistically, and create this plan that's personalized to what you want the caregiver and the patient. It takes a team you don't that's one thing I also coaches is you don't have to be a clinician to make this happen. That's why I'm like, we know how much unpaid caregivers are saving our healthcare system. And we know that the numbers are only growing and if you're not a caregiver, you will be one to like it's only growing. So knowing that we're having mass people get turned 65 Every day. We're gonna require caregivers. I promise you our system is not equipped to catch this. So it is going to fall on a caregiver to ask the right questions. And if you're not asking those questions, you're missing opportunities to not only save yourself headache, but keep your loved one around longer. That's really the goal of this. So you got to ask those questions.

Rosanne Corcoran 39:32
Yes. Yep. Well, DeLon, such great intro here. Thank you. Do you have any final thoughts on what you would say to a caregiver regarding the importance of deprescribing?

DeLon Canterbury 39:42
So I, I do a good bit of public speaking, and I meet amazing people across the country. And caregiver conferences, caregiver coaching, conferences, workshops. The story is the same the their loved ones got so much better the minute they started getting them off all of those meds. And I it's like, I get it so much. It's almost, it's almost sad because it's like, damn, where were you DeLon when my dad was dealing with this five years ago? Where were you? You know why? Why didn't this exist? Like I get it. And it's painful. Because there are many people I work with still who've lost someone to polypharmacy, or they suspected it. So if you have that inkling, or if you never thought about it, and you see a loved one that may be on more than seven or 10 medicines, then is for review, just demand a comprehensive review, not a checklist, not a, are you still on this yes or no, like, literally go through each thing. And get an understanding of this because I promise you, there's one or two things you probably don't need. And there are probably one or two things that are causing issues that you didn't even think was an issue until you realize someone was able to clinically tell you. And so the less meds the better. When you're hitting 60 to 80, people have all these chronic conditions, I'm not saying all meds are bad, not at all. But as a caregiver, this is one of the this is one of the this is the last touch point of treatment that patient gets, it's a pill. So you want to make damn sure if you're going to force someone to take it, it's what you really need now, not what you needed 30 years ago. So I encourage you to challenge the system. Don't take no for an answer, have a polite open conversation on you know, Hey, Doc, we want to get her off of these meds. We know polypharmacy is real. There are harms associated with it. We want to reduce harms. Does she really need all four blood pressure meds? Can we try one or two? And see if she's still in range? Can we same concept for diabetes. Are her sugar's controlled with one or two things? Do we need three or four? Probably not. You know, and then again, being very in tune with people's bodies and how they may respond, if you see any side effects. Don't brush it off as she's just getting old. That's a that's ageist. That's a problem. You know, communicate what you're seeing, and what you're feeling and hearing with the same as your loved ones. So push back. That's all I can say though, it's not the doctors fault. They're doing what unfortunately our system wants them to do and some are holistic, some have this mindset of a geriatrician. So I always encourage you, if you can find a geriatrician shoot for one, they tend to have this ethos of deprescribing in their nature, the problem is, you know, that's not everywhere that you know, you're not gonna see that everywhere and some are progressive, some are like that. But frankly, not enough if I'm still in business, you know, so yeah, that's, that's my take home messages. First

thing its the meds. In the world of pharmacy, if you see an issue, assume there's a medicine that's causing it, and until you rule out otherwise. You know, that way, just just talk to your pharmacist, talk to your provider.

Rosanne Corcoran 43:22
A big thank you to Dr. DeLon Canterbury for being my guest today. For more information and to contact DeLon visit his website, geriatrx, G E R I A T R X.org. I hope you enjoyed our podcast today, head over to Daughterhood.org and click on the podcast section for Show Notes including the full transcript and links to any resources and information from today's episode. You can find and review us on Apple podcasts or anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram at Daughterhood the Podcast. Feel free to leave me a message and let me know what issues you may be facing. And we'd like to hear more about or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song Mamas Eyes from her album Lessons In Love. I hope you found what you were looking for today, information, inspiration or even just a little company. This is Rosanne Corcoran, I hope you'll join me next time in Daughterhood.