

Deprescribing in a Geriatric Virtual Ward

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BACKGROUND

Deprescribing (reducing or stopping medicines that may no longer be beneficial or may be causing harm) is frequently hindered by clinician uncertainty, fragmented care and time constraints. An integrated and multidisciplinary approach, such as the GEMITH service, may support safe and effective deprescribing in older adults, yet evidence from this setting is limited.

AIMS

Explore local GEMITH deprescribing practices and identify areas for quality improvement via analysis of:

- Deprescribing trends
- Post-discharge outcomes
- Consumer perspectives

METHODS

Single-centre ambispective cohort study

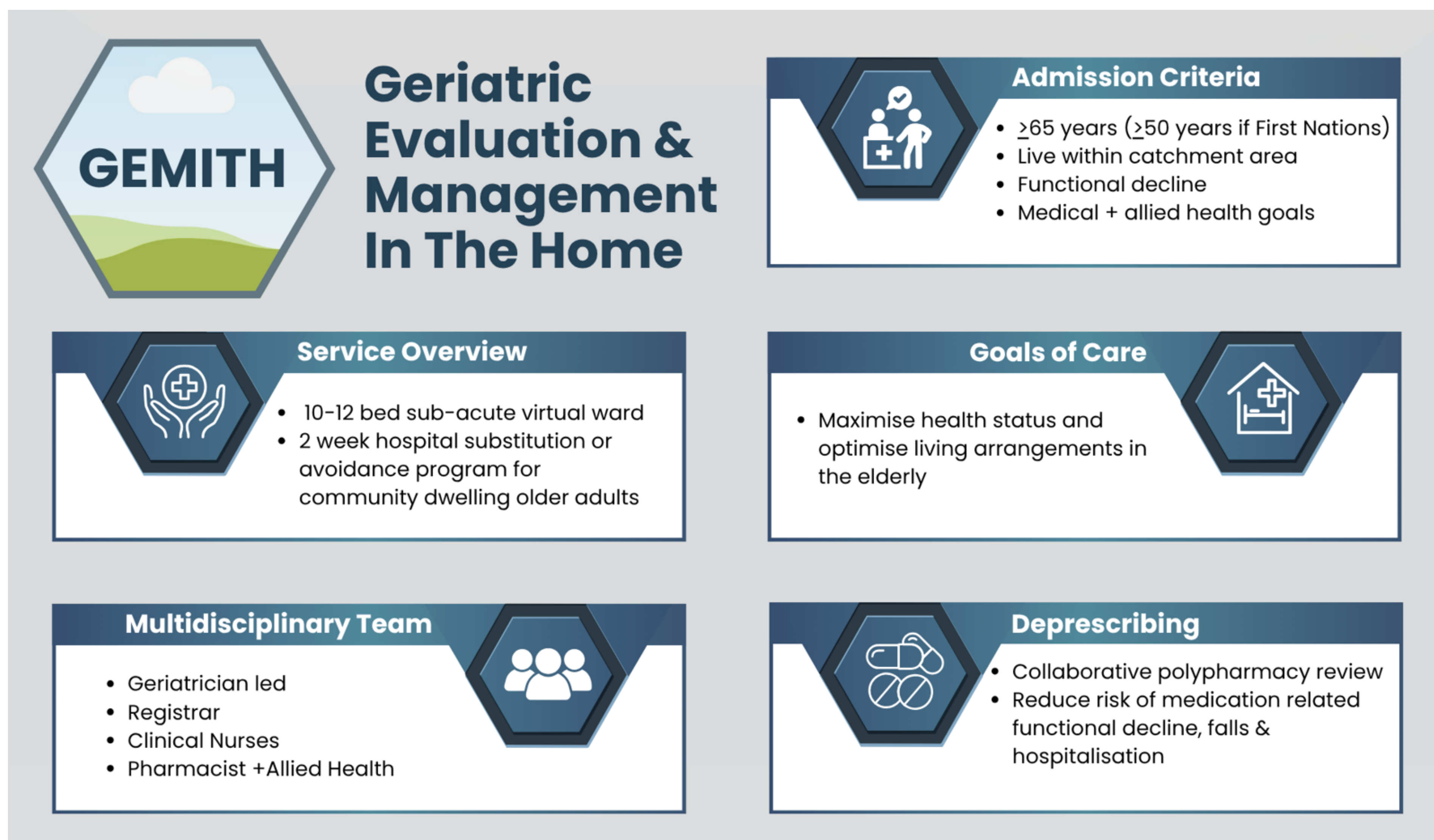
- Older adults ≥ 65 years
- Discharged from Logan Hospital GEMITH between November 2024 and March 2025

Retrospective component

- Deprescribing activity obtained from electronic hospital records

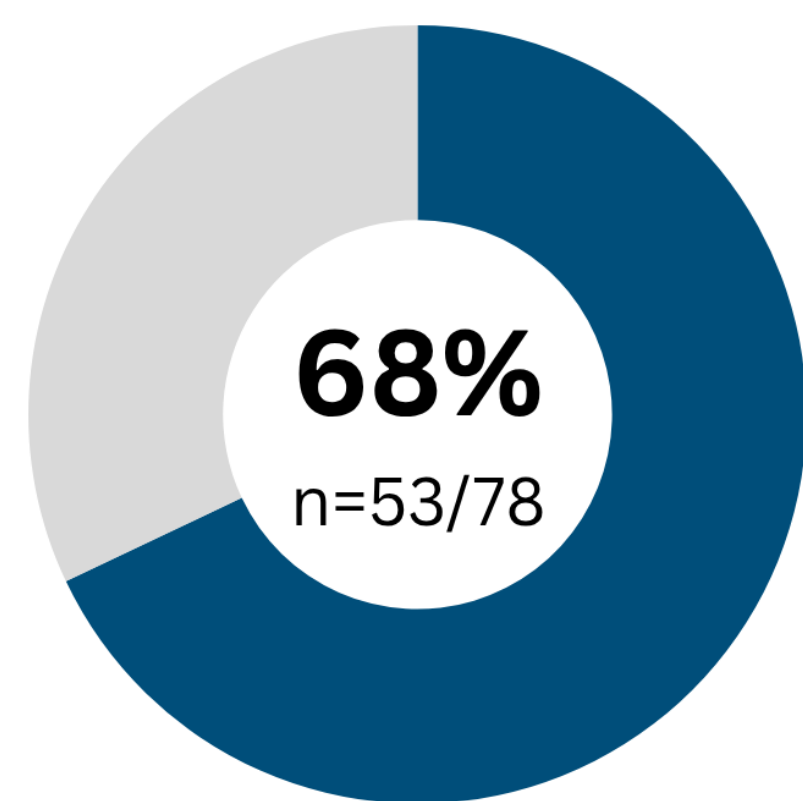
Prospective component

- Patients with ≥ 1 medication deprescribed
- Follow-up telephone survey 3-months post-discharge
- Observe if deprescribing maintained
- Evaluate consumer feedback



RESULTS

GEMITH Deprescribing



78 patients discharged
81 \pm 7 years, 53% female



53 patients (68%) had ≥ 1 medication deprescribed
81 \pm 7 years, 53% female



157 medications deprescribed

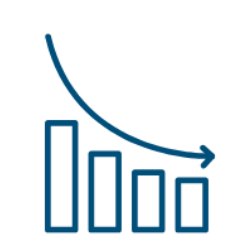
Medications Deprescribed

25% DBI medications **26%** Supplements **10%** Antihypertensives

Change in Drug Burden Index (DBI)



39 of 53 patients with deprescribing were taking a DBI medication on initial presentation



GEMITH intervention resulted in DBI reduction (p=0.048)

Post-Discharge Outcomes & Consumer Feedback



79% (n=42/53)
Completed post-discharge telephone survey



87% (n=112/129)
Medications remained deprescribed
n=30/42, follow-up = 109 \pm 19 days



High satisfaction
Patients felt well supported



Barriers identified

- GP accessibility (n=3)
- Some antidepressants restarted (n=3/9)

Discussion

- Deprescribing was frequently implemented by GEMITH and largely maintained after discharge, highlighting the value of geriatrician-led, multidisciplinary home-based care for medication optimisation in older adults
- High levels of patient and carer satisfaction provided reassurance that deprescribing approaches were acceptable, supportive, and aligned with consumer priorities
- Improvement initiatives targeting post-discharge support could focus on early identification of patients with known GP access barriers and/or timely geriatric outpatient clinic follow-up of psychotropic deprescribing

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