

# How to Start Conversations About Medications With More Harms Than Benefits



Medications can cause or worsen distress including: nerve and joint pain, headaches, gout, anxiety, confusion, constipation, acid reflux, urinary retention, muscle spasms, insomnia, and depression.

Deprescribing medications that are no longer therapeutic can improve comfort and quality of life.

**Shared decision making is crucial.** Discuss medications with residents and families: You (your mother/father) may be at a point where medications are doing more harm than good. We are going to double-check them and talk to you about it on (date/time/event). We offer this to all residents/clients on admission, with changes in medical condition, and when there are possible signs of pain or mood distress.

**Share by printed resources or email:** With dementia and [frailty](#), medications often become more harmful than beneficial. Examples include medications for [heart disease](#), [diabetes](#), [blood pressure](#), [depression](#), [sleep](#) and [more](#). You may be interested in this short video: [Dusty's Story: How Much is Too Much?](#)

We want to hear what you think is going well, your concerns, and what is most important to you – for example, less pain, uninterrupted sleep, meal enjoyment and being more alert for social connection. Please don't hesitate to contact (person/number) if you have questions.

**During the care conference:** Discuss and agree on supportive interventions and medication changes. Identify benefits to watch for, such as improved meal intake, alertness, and participation in their care. Set a time to check back on the effectiveness of changes and interventions.

**Looking for more resources? Check out:**

- [Essential Conversations: A Guide to Advance Care Planning in Long-Term Care](#)
- Alberta Medical Association: [Tackling Polypharmacy by Deprescribing](#)
- AHS Drug Stewardship: [Deprescribing Resource Guide](#)
- [Choosing Wisely in Long-Term Care](#)