Deprescribing in paediatrics

Dear Editor,

Polypharmacy in paediatrics is not as common as in adults and for various reasons deprescribing is not as straightforward.

There are inevitably cases whereby we have complex patients on multiple medicines, for example, complex neurological patients on drugs for dystonia, sedation, spasms, drooling and reflux. Medicines often need trialling to see if they work and we may enter a situation whereby the patient is on multiple medicines that may need rationalising.

In the hospital setting, there tends to be a multidisciplinary approach with doctors, nurses and pharmacists, to name a few, discussing the patients' best interests. The vital input of a paediatric pharmacist allows for both pharmacological and pharmaceutical questions to be answered, that is, various formulations and the suitability for the patient. In the community, pharmacists often conduct detailed medicines reviews with the patient, but, in reality, reviewing appropriateness of medicines is a practice that should be done when a prescription is reviewed or medicines are supplied. Parents and/or carers often become familiar with the medicines and also have an input about what has worked in the past and practicalities surrounding the use of medicines (particularly if they are to administer the medicines to the child).

Post-discharge, as they grow up, children may be followed up long term more frequently than adults, leading to a better understanding of why medicines were started or stopped and whether they are effective.

Healthcare professionals may also be more inclined to stop medicines in children, as it can be considered less common

for children to take medicines, whereas it may not be the case for the elderly, due to the natural ageing process and thus development of health issues.

There is currently a lack of published literature on the subject of deprescribing in paediatrics. The opinions in one paper suggest that the trialling of medicines in individuals (due to lack of firm evidence) can often lead to polypharmacy. It goes on to say that there is a need to develop further guidelines for the use of medicines in paediatrics to avoid this lack of evidence and thus overuse.¹

It is also important to consider that, in paediatrics, some children may have been born in the era of electronic records and thus reasons for commencing medicines are easy to identify. It is also worth noting that most children will inevitably have fewer records to search through in comparison to adults.

Although deprescribing occurs in paediatrics, it is different in comparison to adults. The lack of evidence of medicines in children may also lead to more 'trialling' of drugs and may lead to polypharmacy. By being able to identify and document the indication for each medicine, we will be able to rationalise their treatment by providing better treatment and, inevitably, preventing wastage within paediatric healthcare in the UK.

EAHP Statement 6: Education and Research

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