Spread of the idea of 'deprescribing' in China

During 22–24 March 2017 we participated in the 22nd Congress of the European Association of Hospital Pharmacists (EAHP) where we came across the idea of 'deprescribing' presented by Barbara Farrell from Canada. We were so impressed by this idea, realising that 'deprescribing' is an important part of the Medication Therapy Management service, which was promoted in China by the Guangdong Province Pharmaceutical Association (GDPA) working with the American Pharmacists Association.¹ In order to introduce 'deprescribing' into China, after we came back from the Congress we searched the literature on 'deprescribing' and wrote a review on it which was published in the journal *Pharmacy Today*,² the official journal of the GDPA. Because there was no Chinese translation of 'deprescribing' at that time, we translated the word into Chinese based on Chinese morphology, which is pronounced 'Chu Fang Jing Jian' and means 'Removing inappropriate medications in prescriptions and keeping appropriate ones'.

We then promoted ‘deprescribing’ via the GDPA official website, documents and presentation at various conferences to pharmacists and also to physicians. In April 2017 the GDPA appealed to hospital pharmacists to open pharmacist-managed clinics (PMCs).¹ We emphasised that pharmacists are the key healthcare professionals in implementing ‘deprescribing’ and that ‘deprescribing’ is an important service provided by pharmacists in PMCs. We also pointed out that ‘deprescribing’ reduces adverse drug events in patients as well as the costs of their care. We have put forward a slogan that “Doctors add drugs, pharmacists reduce drugs, ‘deprescribing’ is reducing harm by optimising medication”, which is similar to the slogan put forward by Barbara Farrell in the 22nd Congress of the EAHP to help pharmacists remember the word ‘deprescribing’. We issued the *Standards for Pharmacist-Managed Clinics* in August 2018,³ which points out that pharmacist-led medication assessment and ‘deprescribing’ should be conducted in PMCs. Meanwhile, we pointed out that ‘deprescribing’ can also be applied to inpatients as well as to outpatients.

As opening PMCs is popular in China and cost control is a major part of Chinese healthcare reform, ‘deprescribing’ is widely accepted by the Chinese medical profession. medlive.cn, one of the most important medical professional websites, has introduced four ‘deprescribing’ guidelines put forward by Barbara Farrell’s

team—namely, proton pump inhibitors, antihyperglycaemics, antipsychotics and benzodiazepine receptor agonists. Furthermore, the Chinese version of the World Health Organization editorial entitled “The third global patient safety challenge: tackling medication-related harm” used our Chinese translation of ‘deprescribing’. In the *Expert Consensus of Family Pharmacist Service Standard and Path* issued by the China Health Promotion Foundation, ‘deprescribing’ is considered the elementary task of family pharmacists. ‘Deprescribing’ was also written into the government documents of Guangdong and Guangxi Province. Research on ‘deprescribing’ has been carried out in the medical community and papers have been published.^{4,5} It is noted that ‘deprescribing’ has been applied in Chinese Traditional Medicine.⁴ Some social media such as newspapers, television and websites have reported ‘deprescribing’. *Information Times*, a Chinese newspaper, reported on ‘deprescribing’ in an article entitled “Too much medication for elderly patients? Pharmacists implement deprescribing”.

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REFERENCES

- 1 Zheng Z, Zeng Y, Wu J. Rise of pharmacist-managed clinics in Guangdong Province, China. *Eur J Hosp Pharm* 2018;**25**:290.
- 2 Zeng Y, Yang M, Wu J, et al. Deprescribing: a new model of pharmacy service. *Pharmacy Today* 2017;**27**:390–3.
- 3 Guangdong Province Pharmaceutical Association. Standards for pharmacist-managed clinics. *Pharmacy Today* 2018;**28**:721–6.
- 4 Zhou P, Zou D. Discussion on harmonization method academic thoughts based on heterozygous phenomena of chronic diseases. *Journal of Hunan University of Chinese Medicine* 2017;**37**:1335–40.
- 5 Lu H, Zhang N, Li T, et al. Assessment of patient behavior with medicine and intervention to improve safety. *Chin J Mod Appl Pharm* 2018;**35**:1058–62.