Deprescribing in Cardiovascular Disease: A New AHA Road Map for Tackling Polypharmacy

Robert J. DiDomenico, PharmD, FAHA, discusses the new AHA scientific statement on identifying and safely deprescribing unnecessary medications in patients with cardiovascular disease.

In this episode of *The Tell-Tale Heart*, host Craig Beavers, PharmD, welcomes back Robert J. DiDomenico, PharmD, chair of the writing committee behind a new American Heart Association (AHA) scientific statement on deprescribing in patients with cardiovascular disease experiencing polypharmacy. DiDomenico explains that polypharmacy, generally defined as taking 5 or more medications, affects roughly 60% of patients with cardiovascular disease and up to three-quarters of those with heart failure, contributing to adverse events, poor adherence, and increased hospitalizations. He outlines 4 patient groups who warrant closer evaluation: those experiencing adverse drug events; polypharmacy or hyperpolypharmacy; prescribing cascades; and those receiving palliative or end-of-life care. DiDomenico stresses that accurate medication reconciliation is the essential starting point, followed by the use of tools such as the Beers criteria and STOPP/START to flag potentially inappropriate medications. He also highlights shared decision-making as critical to preserving patient trust during the deprescribing process. The conversation touches on newly announced Centers for Medicare & Medicaid Services billing codes that support deprescribing services, along with persistent gaps: the need for more robust outcomes data, expanded reimbursement mechanisms, and greater inclusion of deprescribing content in health professions curricula. DiDomenico notes the statement also addresses pediatric populations, an often-overlooked area in polypharmacy research.

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