

OPTIMISE2: Optimising Prescription of Treatment In older patients with Mild hypertension at Increased risk of Serious adverse Events

Medication reduction plan

Patient ID:

- Please review the participant's medical record for eligibility and examine their current drug regime prior to their arrival. Please tick below to confirm that this specific criterion has been reviewed ahead of the baseline visit (this can then be ticked by the staff member completing the eCRF at baseline visit)
 - I confirm that the participant meets inclusion criterion 7 "Moderate or severe frailty (defined by an eFI score ≥ 0.20) and/or high risk (>5%) of hypotension, syncope, or falls in the next 5 years, based on STRATIFY risk prediction algorithms applied to an individual's electronic health record"
- Choose the drug(s) you wish to withdraw if the patient is randomised to the intervention arm of the trial and any additional monitoring considerations (refer to medication reduction algorithm overleaf for guidance).
- Please provide details of the agreed medication reduction plan below (and following pages if applicable). This should be passed to the research nurse completing the baseline assessments and then later filed in the patient's notes.

Question	GP response
Antihypertensive drug to be withdrawn <i>(please tick one)</i>	<input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Angiotensin II receptor blocker <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Thiazide or thiazide-like diuretic <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Alpha blocker <input type="checkbox"/> Potassium-sparing diuretics <input type="checkbox"/> Centrally acting antihypertensives <input type="checkbox"/> Direct renin inhibitors <input type="checkbox"/> Vasodilator antihypertensives <input type="checkbox"/> Adrenergic neurone blocking drugs <input type="checkbox"/> Loop diuretic
Please specify drug name	
Reasons for choosing this drug <i>(please list as many as apply)</i>	
Additional monitoring plans	

- At the baseline visit, ensure the above is discussed with the patient (and their Personal Legal Representative if applicable) **without disclosing the medication to be withdrawn** before they proceed to baseline checks and randomisation. Indicate the items have been discussed by ticking the boxes:
 - Patient understands this drug will only be withdrawn if they are randomised to the intervention arm of the trial
 - A plan for monitoring the effect of medication reduction has been put in place and discussed with the patient

Patient ID:

5. Please sign and date below to confirm you are happy that all the information above is correct and you are happy for this patient to participate in the trial

Print name

Signature

Date

Patient ID:

If participant's blood pressure remains stable at 4 week follow-up please give details of the second medication to be withdrawn:

Question	GP response
Antihypertensive drug to be withdrawn <i>(please tick one)</i>	<input type="checkbox"/> Not applicable for this participant <input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Angiotensin II receptor blocker <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Thiazide or thiazide-like diuretic <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Alpha blocker <input type="checkbox"/> Potassium-sparing diuretics <input type="checkbox"/> Centrally acting antihypertensives <input type="checkbox"/> Direct renin inhibitors <input type="checkbox"/> Vasodilator antihypertensives <input type="checkbox"/> Adrenergic neurone blocking drugs <input type="checkbox"/> Loop diuretic
Please specify drug name
Reasons for choosing this drug <i>(please list as many as apply)</i>
Additional monitoring plans	

1. Please sign and date below to confirm you are happy that all the information above is correct and you are happy for this patient to participate in the trial

Print name

Signature

Date

Patient ID:

If participant's blood pressure continues to remain stable at 4 week follow-up please give details of the third medication to be withdrawn:

Question	GP response
Antihypertensive drug to be withdrawn <i>(please tick one)</i>	<input type="checkbox"/> Not applicable for this participant <input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Angiotensin II receptor blocker <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Thiazide or thiazide-like diuretic <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Alpha blocker <input type="checkbox"/> Potassium-sparing diuretics <input type="checkbox"/> Centrally acting antihypertensives <input type="checkbox"/> Direct renin inhibitors <input type="checkbox"/> Vasodilator antihypertensives <input type="checkbox"/> Adrenergic neurone blocking drugs <input type="checkbox"/> Loop diuretic
Please specify drug name
Reasons for choosing this drug <i>(please list as many as apply)</i>
Additional monitoring plans	

1. Please sign and date below to confirm you are happy that all the information above is correct and you are happy for this patient to participate in the trial

Print name

Patient ID:

If participant's blood pressure continues to remain stable at 4 week follow-up please give details of the fourth medication to be withdrawn:

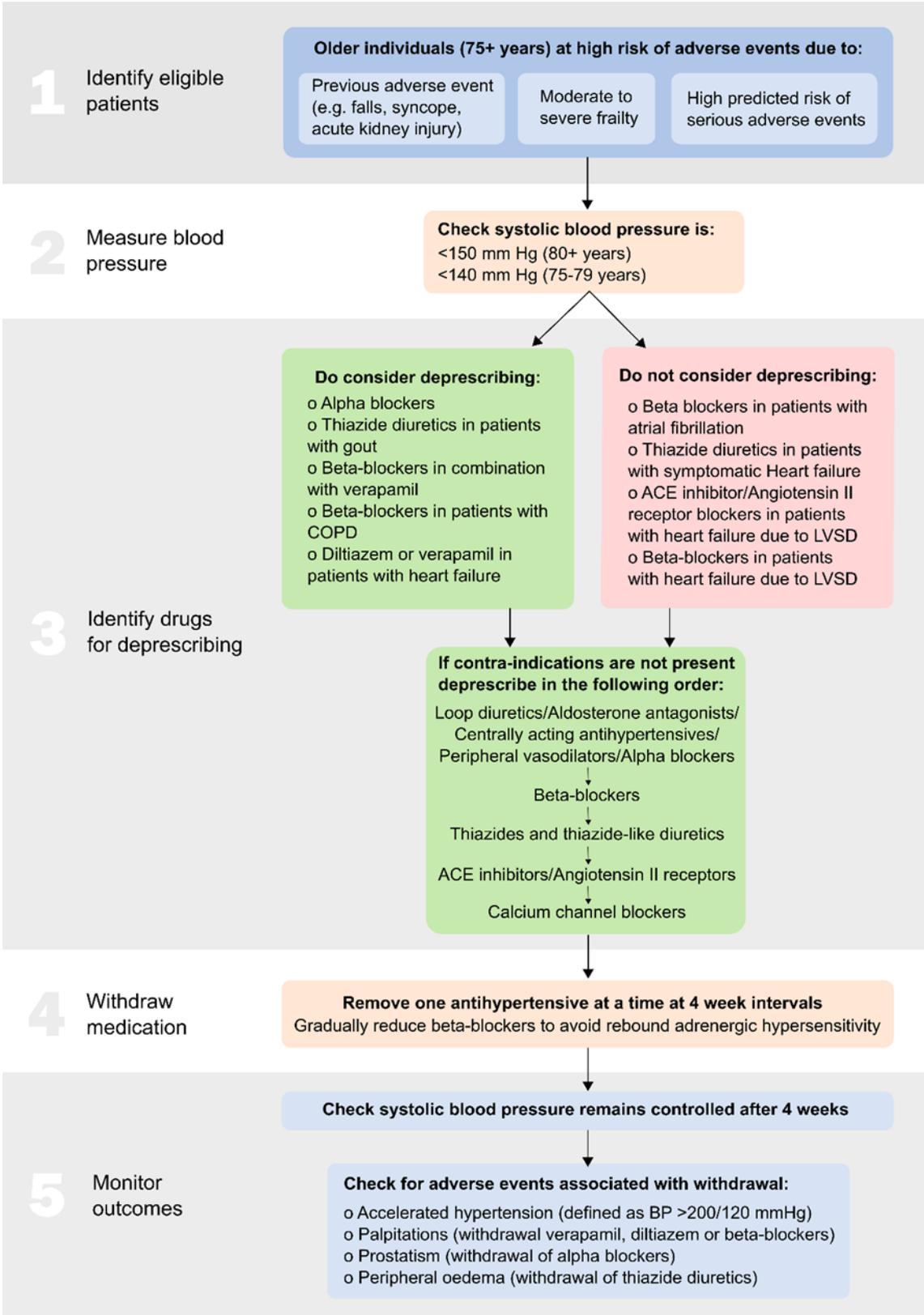
Question	GP response
Antihypertensive drug to be withdrawn <i>(please tick one)</i>	<input type="checkbox"/> Not applicable for this participant <input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Angiotensin II receptor blocker <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Thiazide or thiazide-like diuretic <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Alpha blocker <input type="checkbox"/> Potassium-sparing diuretics <input type="checkbox"/> Centrally acting antihypertensives <input type="checkbox"/> Direct renin inhibitors <input type="checkbox"/> Vasodilator antihypertensives <input type="checkbox"/> Adrenergic neurone blocking drugs <input type="checkbox"/> Loop diuretic
Please specify drug name
Reasons for choosing this drug <i>(please list as many as apply)</i>
Additional monitoring plans	

1. Please sign and date below to confirm you are happy that all the information above is correct and you are happy for this patient to participate in the trial

Print name

Patient ID:

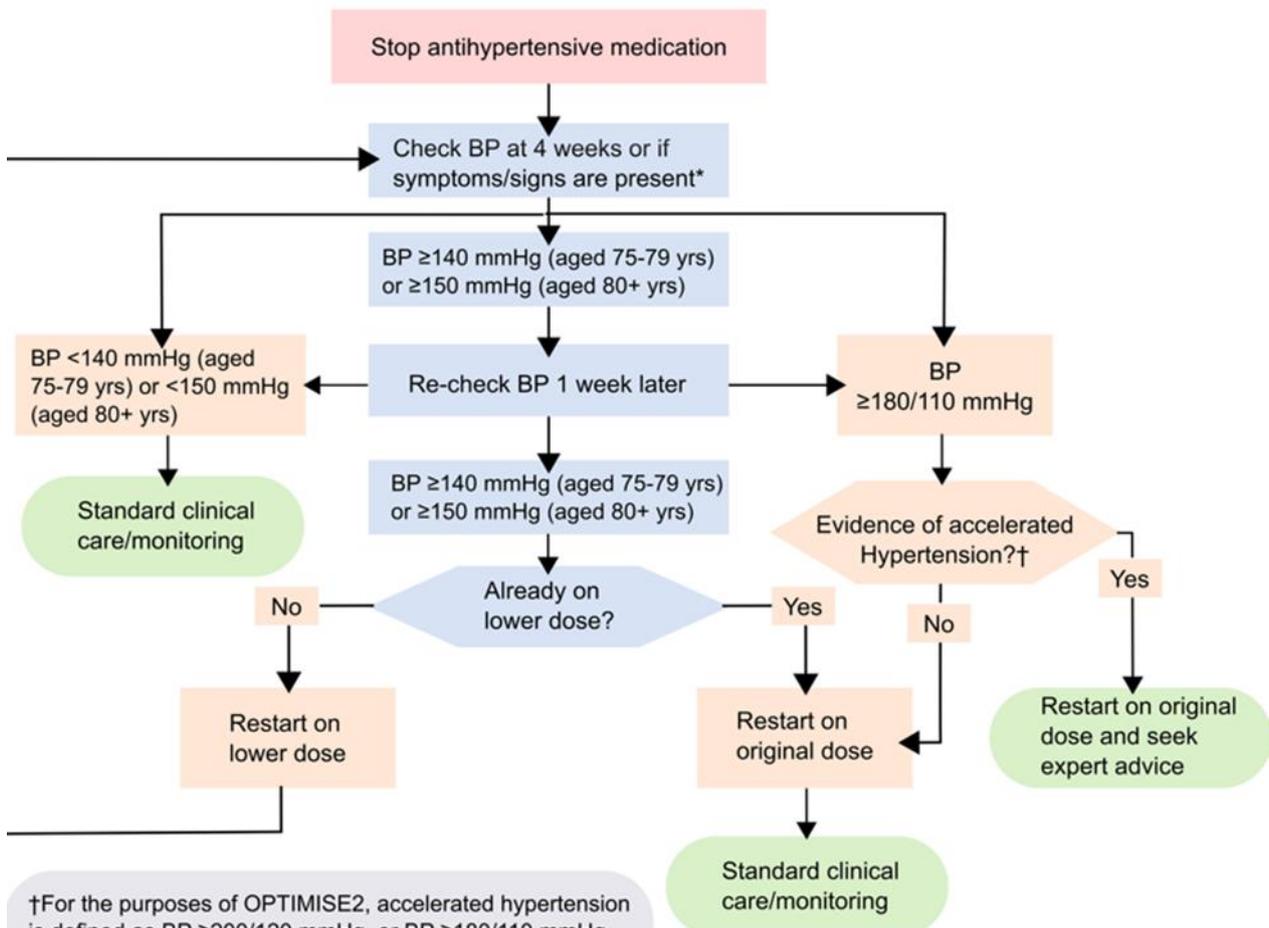
Antihypertensive deprescribing algorithm



*Candidate drugs for deprescribing based on the STOPP/START and STOPPfrail2 criteria, the reverse of guideline recommended treatment, and the approach taken in the previous OPTIMISE trial.

Post-deprescribing patient monitoring algorithm

- The full effects of most oral antihypertensives can last for up to 4-6 weeks. Frequent monitoring in the initial 4 weeks after drug withdrawal is thus not required unless BP levels are extreme or there are other clinical concerns (see below).
- Where systolic/diastolic BP values fall into different categories, consider the higher value
- BP should be taken as the averaged second and third measurements using a validated monitor
- Standard clinical care/monitoring should align with NICE recommendations
<https://www.nice.org.uk/guidance/ng136>



†For the purposes of OPTIMISE2, accelerated hypertension is defined as BP \geq 200/120 mmHg, or BP \geq 180/110 mmHg with additional signs or symptoms as listed below:

- Neurological symptoms: headache, seizures, confusion, cerebrovascular event
- Respiratory symptoms: breathlessness, pulmonary oedema (and other signs of heart failure)
- Cardiac symptoms: Chest pain
- Vision problems: Visual disturbance, Papilloedema
- Other symptoms: Nausea and vomiting

Urgent (same day) expert opinion should be sought.

*Signs and symptoms directly related to elevated BP are not anticipated, but BP should be checked if any of the following symptoms occur:

- Palpitations (withdrawal of rate-limiting drug such as verapamil, diltiazem or beta-blocker)
- Prostatism (withdrawal of alpha blocker)
- Peripheral oedema (withdrawal of diuretic)