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450 Barriers and Enablers to Medication Deprescribing among Older patients attending a Geriatric Clinic in Southwestern Nigeria: A Cross-Sectional Study

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Introduction: Polypharmacy is an increasing health problem, leading to rise in morbidity and mortality, especially among older patients. Deprescribing has been recommended for managing polypharmacy, but deprescribing medication in older patients is still uncommon (1). Safe deprescribing interventions can reduce exposure to inappropriate polypharmacy among older patients. However, few empirical data exist on the barriers and enablers to medication deprescribing among older patients in sub-Saharan African countries.

Aim: This study aimed to assess the barriers and enablers of medication deprescribing among older patients.

Methods: A cross-sectional study of 415 older patients aged ≥60 years, selected consecutively at the geriatric clinic in a Tertiary Hospital was carried out between May and July 2022. An interviewer-administered semi-structured questionnaire was used to obtain information on their socio-demographic characteristics, and barriers and enablers

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Table 1. Socio-demographic profile, presence of multimorbidity and polypharmacy, enablers, and barriers to deprescribing among older patients' pattern (n=415)

Variables		Frequency	Percentage
Sex	Male	163	39.3
	Female	252	60.7
Age	Mean ± SD 69.58±6.40		
Presence of multimorbidity	Yes	218	52.5
	No	197	47.5
# Disease condition	Cardiovascular diseases	338	81.0
	Endocrine system diseases	111	26.7
	Musculoskeletal diseases	95	22.9
	Others	197	47.5
Presence of polypharmacy	Yes	126	30.4
	No	289	69.6
Level of polypharmacy (n=126)	>5	115	91.3
	>10	11	8.7
Enablers			
Questions		Disagree n (%)	Agree n (%)
I spend a lot of money on my medicines		258 (62.1)	157 (37.8)
Taking my medicine every day is very inconvenient		357 (86.0)	58 (14.0)
I don't like taking medicines		377 (90.8)	38 (9.2)
Sometimes I think I take too many medicines		372 (89.6)	43 (10.4)
I feel that I may be taking one or more medicines that I no longer need		397 (95.7)	18 (4.3)
I will be willing to stop a drug if I can restart in the future if needed.		210 (50.6)	205 (49.4)
I would like to try stopping one of my medicines to see how I feel without it		333(80.2)	82 (19.8)
I think one or more of my medicines may not be working.		397(95.7)	18 (4.3)
I believe one or more of my medicines may be currently giving me side effects		370 (89.2)	45 (10.8)
Taking my drugs disturb my daily activities		279 (67.2)	136 (32.8)
If my doctor said it was possible, I would be willing to stop one or more of my regular medicines if recommended by a physician.		164 (39.5)	251 (60.5)
I will be willing to stop other drugs, herbs, and supplements asides those prescribed by my physician.		176 (42.4)	239 (57.6)
Stopping my medicine will make me feel like I'm getting back control of my life		328 (79.0)	87 (21.0)
I would stop/cease my medicines whether or not it was recommended by my doctor		358 (86.3)	57 (13.7)
Barriers			
Questions		Disagree n (%)	Agree n (%)
If one of my medicines was stopped, I would be worried about missing out on the benefits.		337(81.2)	78 (18.8)
I get stressed whenever changes are made to my medicines		397(95.7)	18 (4.3)
I have had a bad experience when stopping a medicine before		404 (97.3)	11 (2.7)
Overall, I am satisfied with my current medicines		43 (10.4)	372 (89.6)
My medicines make me feel better		17 (4.1)	398 (95.9)
I will be reluctant to stop a medicine I've been taking for a long time		374 (90.1)	41 (9.9)
I would be reluctant to stop medicines prescribed by a physician		352 (84.8)	63 (15.2)
It happened to me that I don't know how to stop/cease medicines.		387 (93.3)	28 (6.7)

#= multiple responses, others= Ocular diseases, haematological diseases, nervous system and respiratory disorders, gastrointestinal diseases

of medication deprescribing were assessed with modified Revised Patients' Attitudes Towards Deprescribing (rPATD) Questionnaire (2). Descriptive analyses were carried out using SPSS 23.

Results: The mean age of the respondents was 69.6 ± 6.4 years and 252 (60.7%) were females. There were 218 (52.5%) respondents with multimorbidity (≥ 2 medical conditions), and 126 (30.4%) with polypharmacy (≥ 5 medications). Cardiovascular disease 331 (81.0%), and endocrine system disease 111 (26.7%) were the most common disease condition. The enablers to deprescribing were willing to stop one or more regular medicines, if recommended by a physician 251 (60.5%), and willing to stop if the medicines can be restarted in the future if needed 205 (49.4%). While the barriers were would be worried about missing out on medicine benefits 78 (18.8%) and would be reluctant to stop medicines prescribed by a physician 63 (15.2%).

Conclusion: The older patients were receptive to deprescribing. Satisfaction with medicines and trust in physician's recommendations are important factors influencing patients' willingness to have their medicines deprescribed. The most common barrier was worries about missing out on medicine benefits. These findings calls for healthcare professionals to focus on communication strategies to facilitate shared decision-making regarding medication use and deprescribing with patient and family. Improvement in deprescribing through interdisciplinary approach may improve clinical outcomes.

References

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