

What do doctors and older patients think about stopping medications?

Dr Debi Bhattacharya

School of Pharmacy

University of East Anglia

- Deprescribing intervention targeting geriatricians' and pharmacists' deprescribing behaviour in the hospital setting
- Organisational level toolkit to support prescribers to deprescribe long term opioids in primary care



Sion Scott

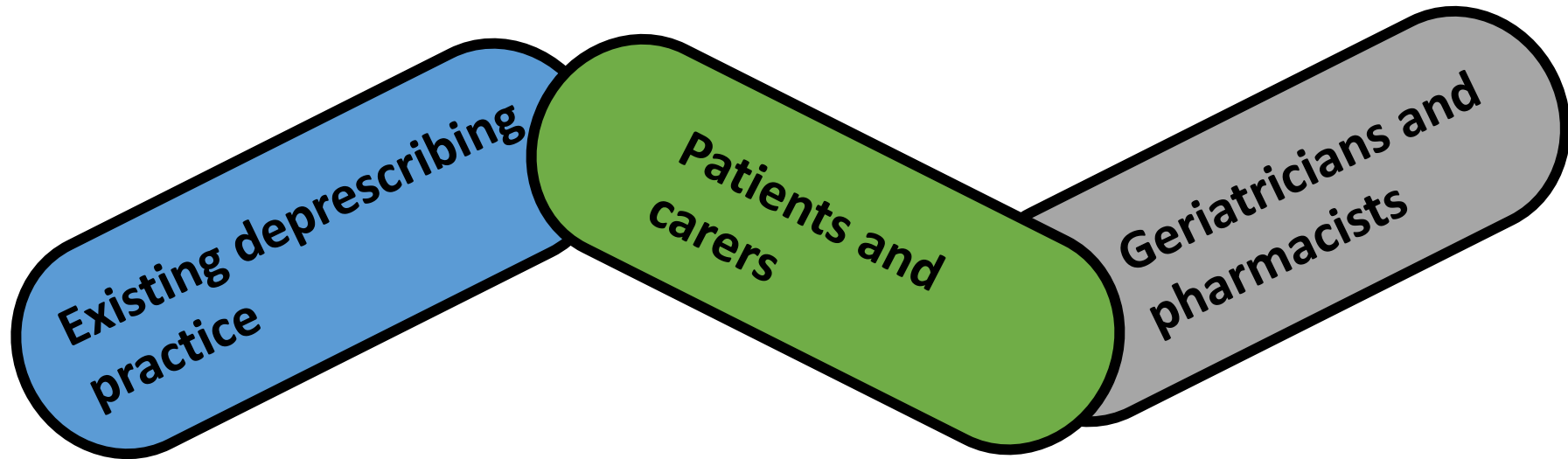
PhD student

people.uea.ac.uk/sion_scott

MOG_EA

Medicines Optimisation Research Group_East Anglia

Deprescribing in hospital



Existing deprescribing practice

ePrescribing data
UK teaching hospital

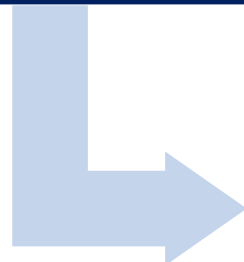
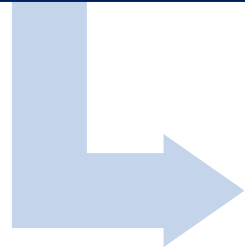
All patients admitted
in February 2017

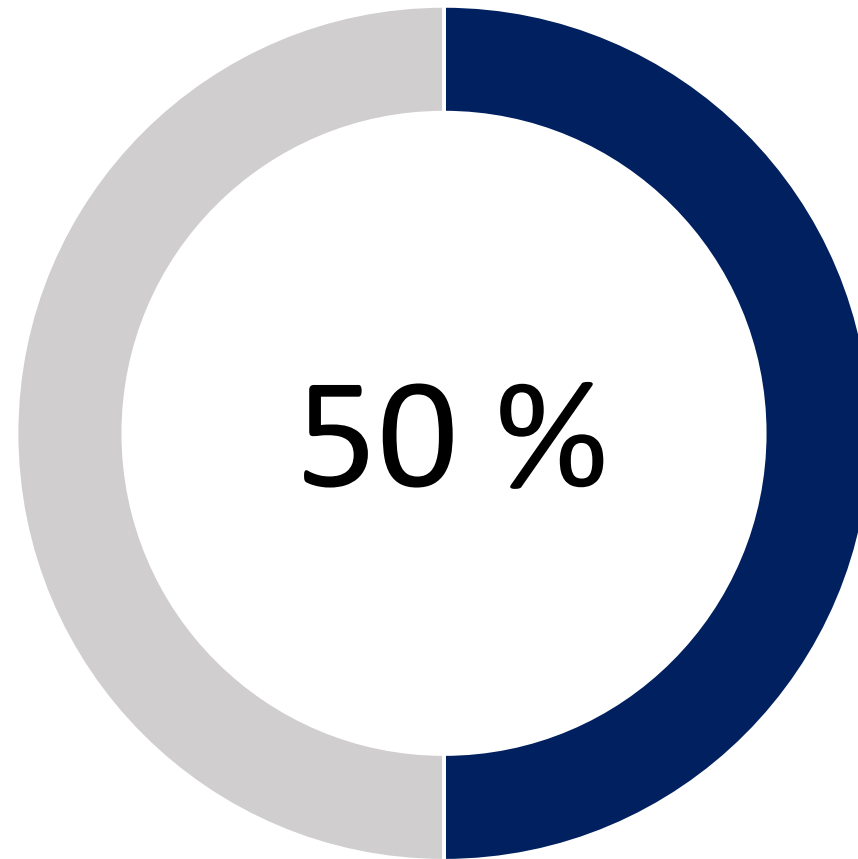
24,552 pre-admission
medications
N= 2,039 patients

Decision to
discontinue

Reason
selected

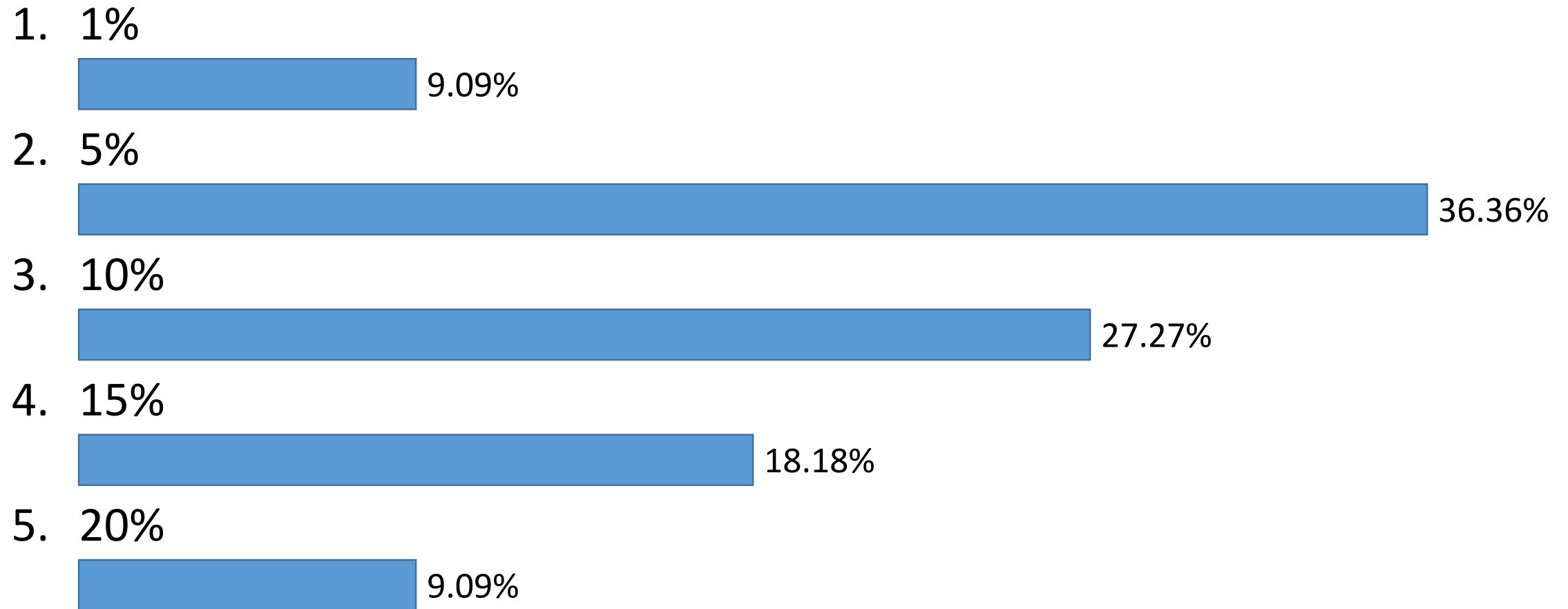
Discontinuation
recorded





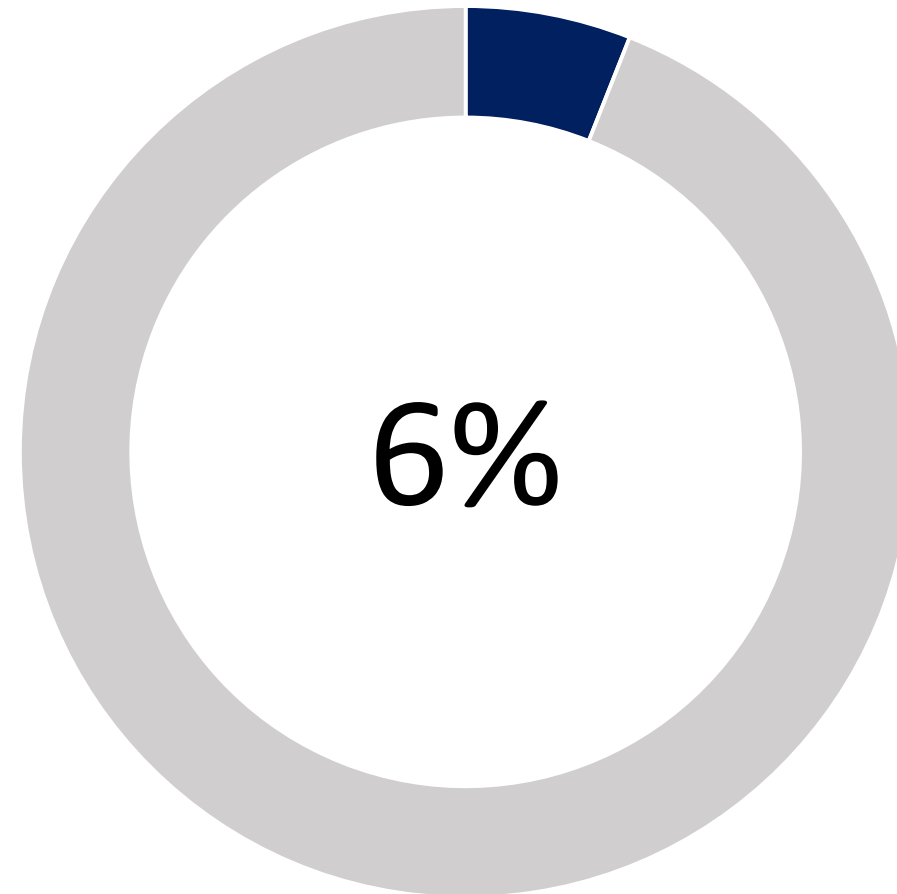
Gallagher P et al. Prevalence of potentially inappropriate prescribing in an acutely ill population of older patients admitted to six European hospitals. *Eur J Clin Pharmacol*. 2011

What percentage of patients had a pre-admission medication deprescribed?



What percentage of patients had a pre-admission medication deprescribed?

1. 1%
2. 5%
3. 10%
4. 15%
5. 20%



Characterising deprescribing activity



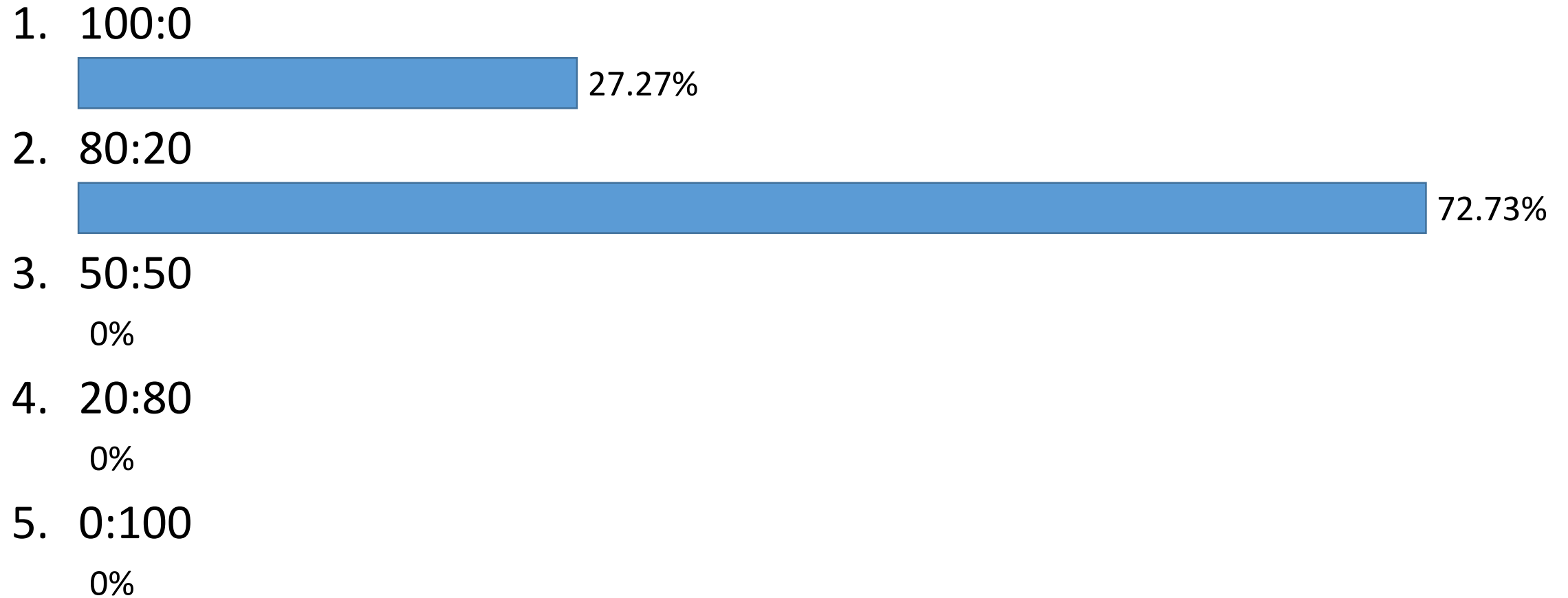
Reactive deprescribing

Discontinuing a medicine in response to an adverse clinical trigger

Proactive deprescribing

Discontinuing a medicine if future gains are unlikely to outweigh future harms

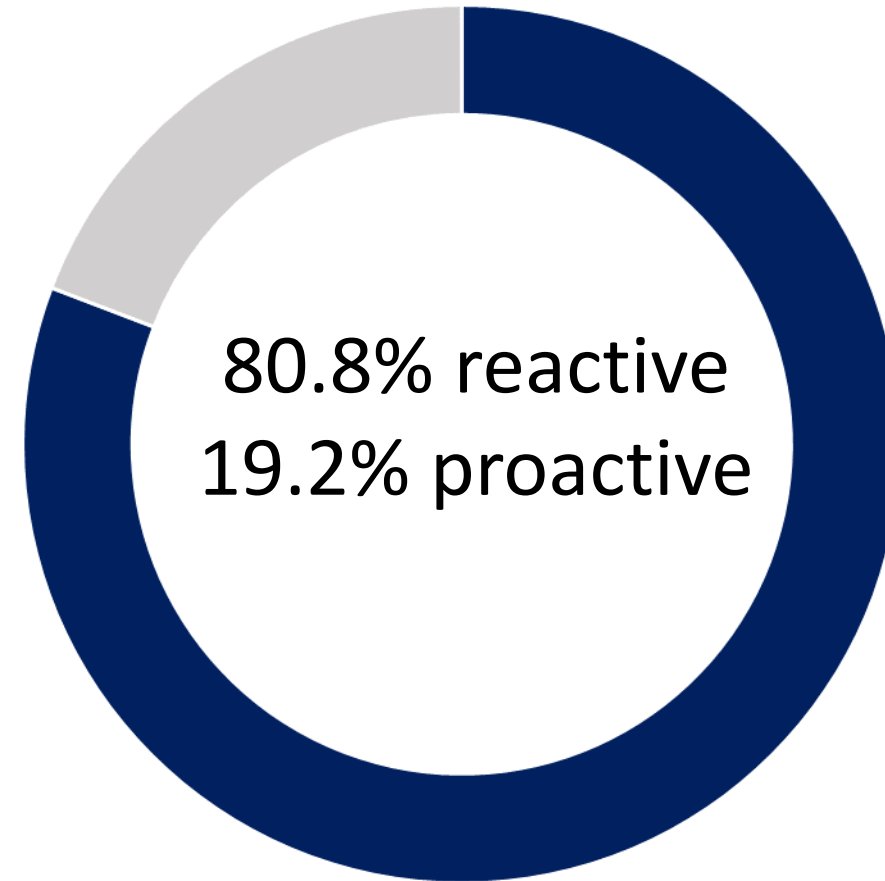
What is the proportion reactive to proactive



What is the proportion reactive to proactive

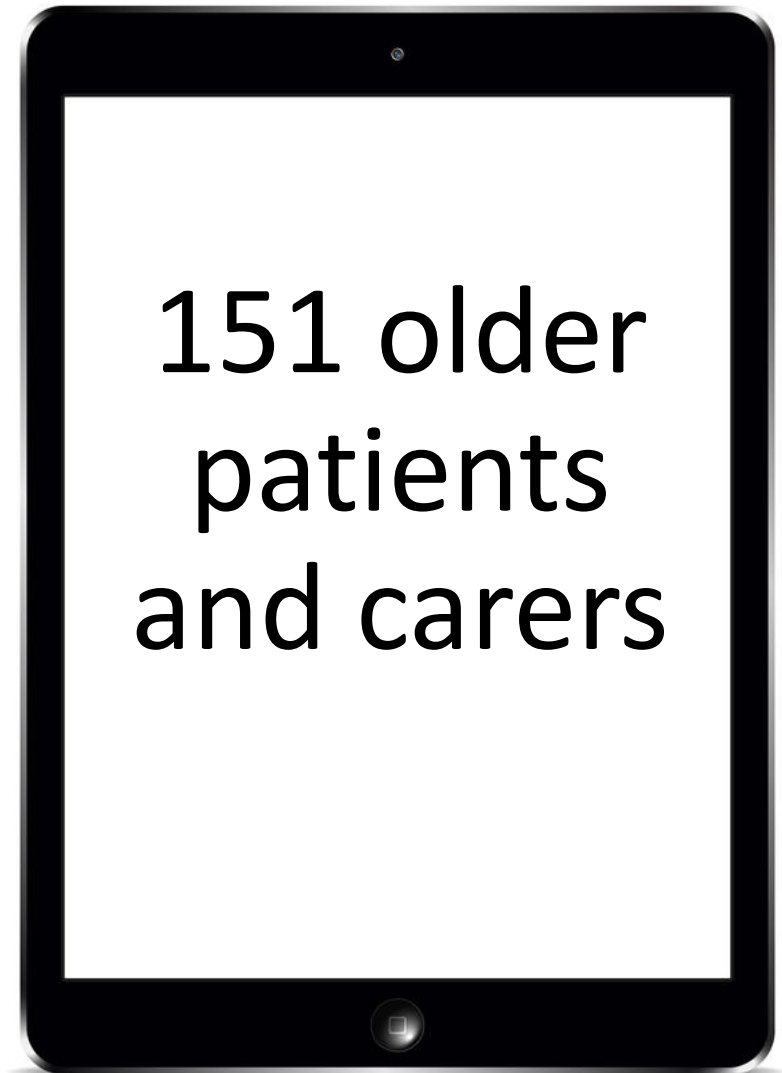
Reactive:Proactive

1. 100:0
2. 80:20
3. 50:50
4. 20:80
5. 0:100



- Significant scope to increase proactive deprescribing in hospital

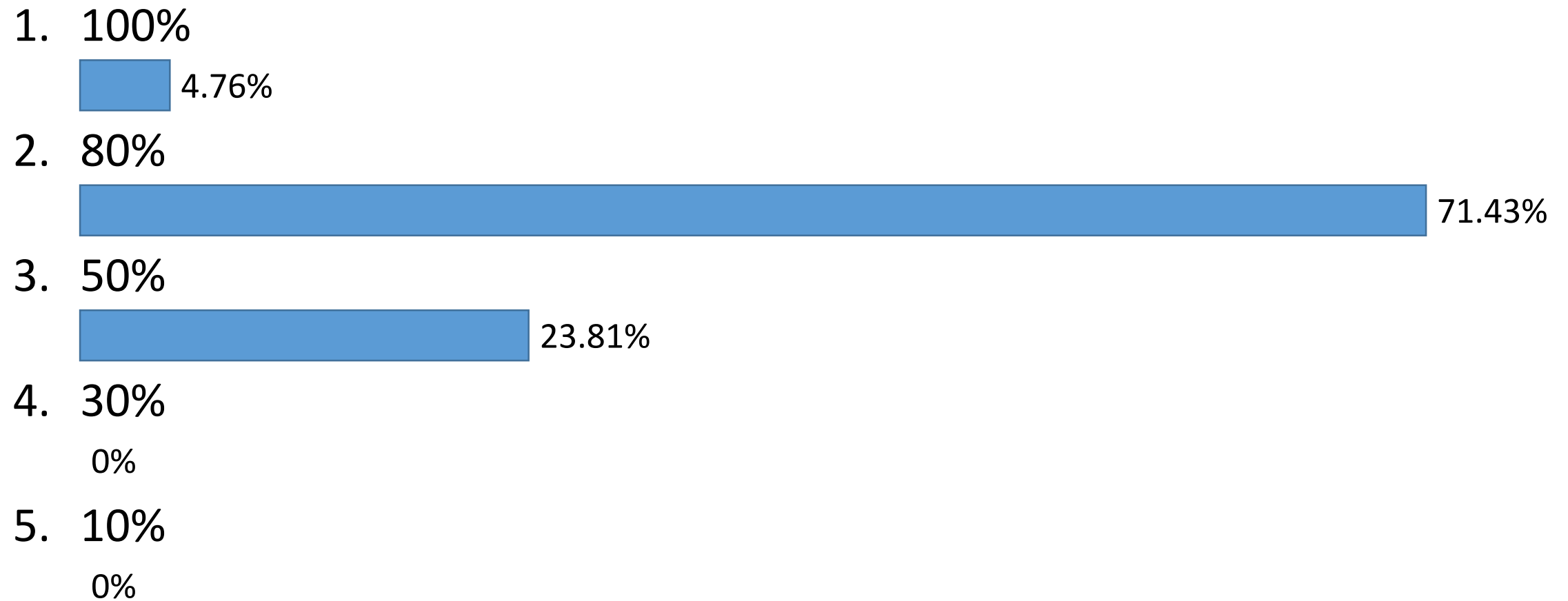





Norfolk and Norwich
University Hospitals
NHS Foundation Trust

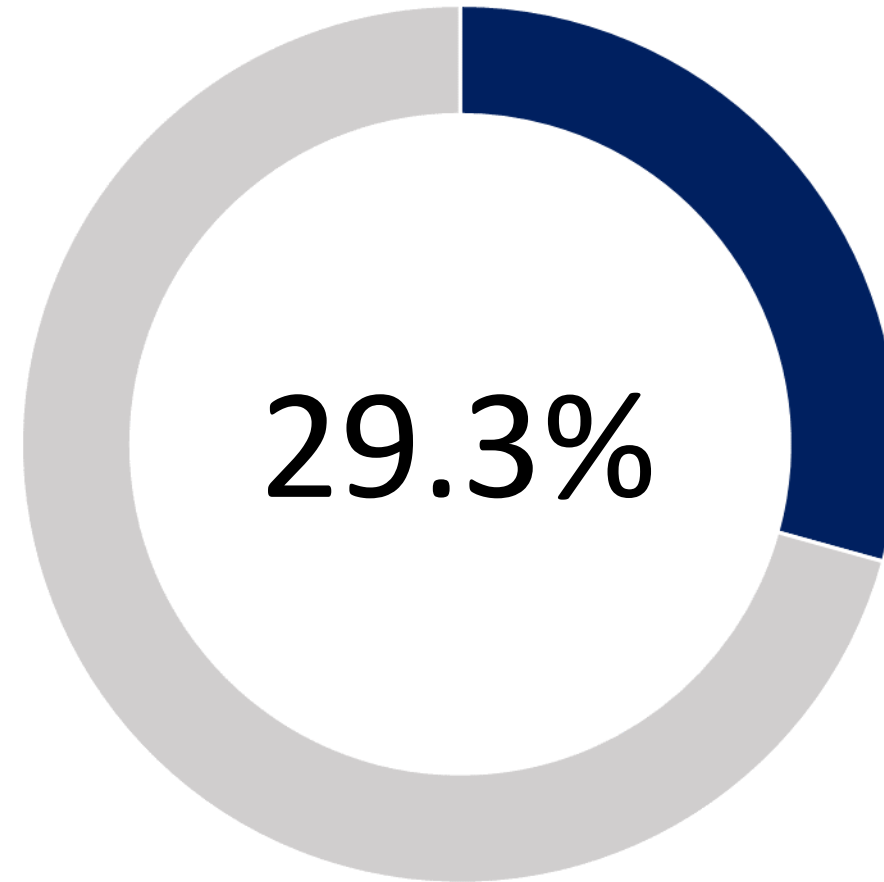

The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

What percentage of patients would like to try stopping one of their medicines?

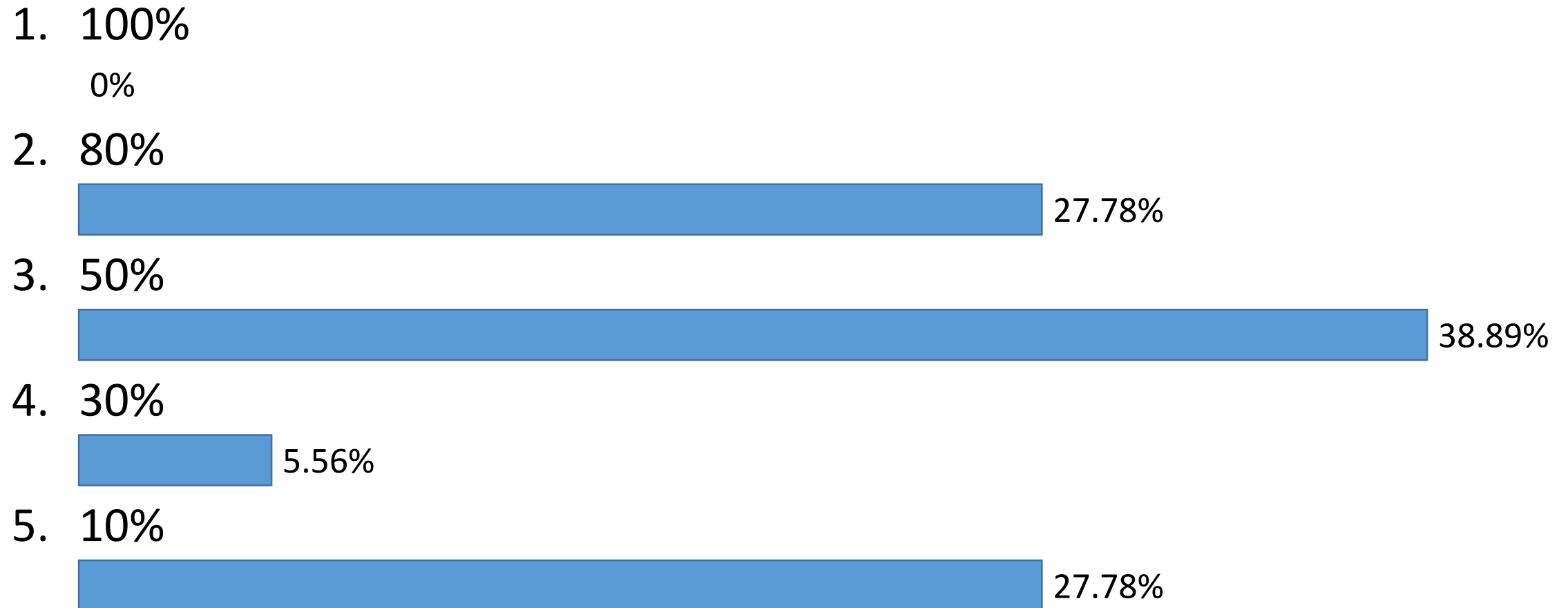


What percentage of patients would like to try stopping one of their medicines?

1. 100%
2. 80%
3. 50%
4. 30%
5. 10%

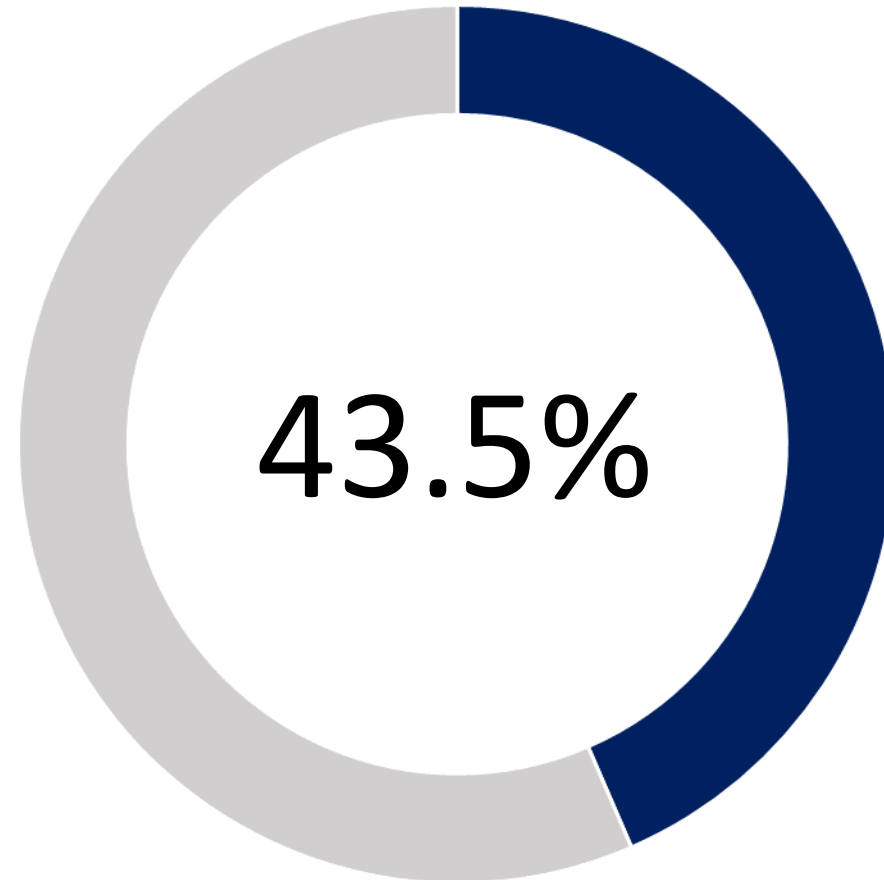


What percentage of carers would like to try stopping one of their care recipient's medicines?

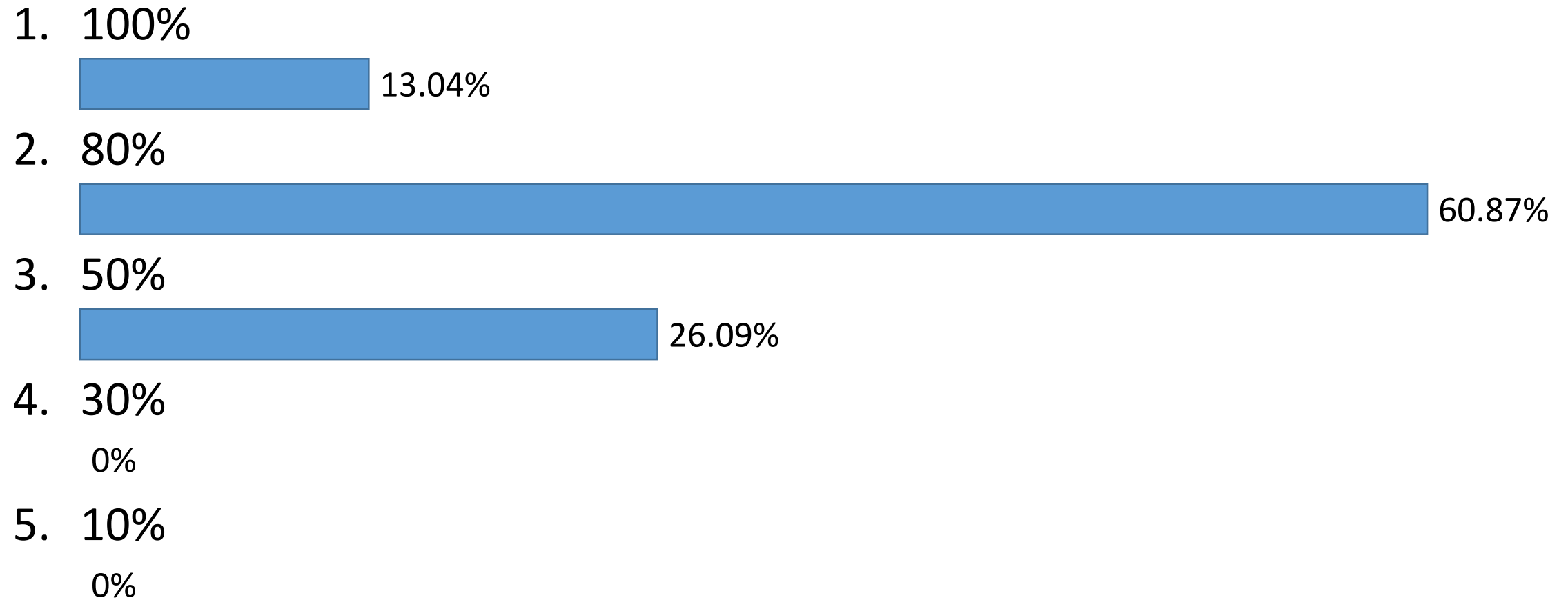


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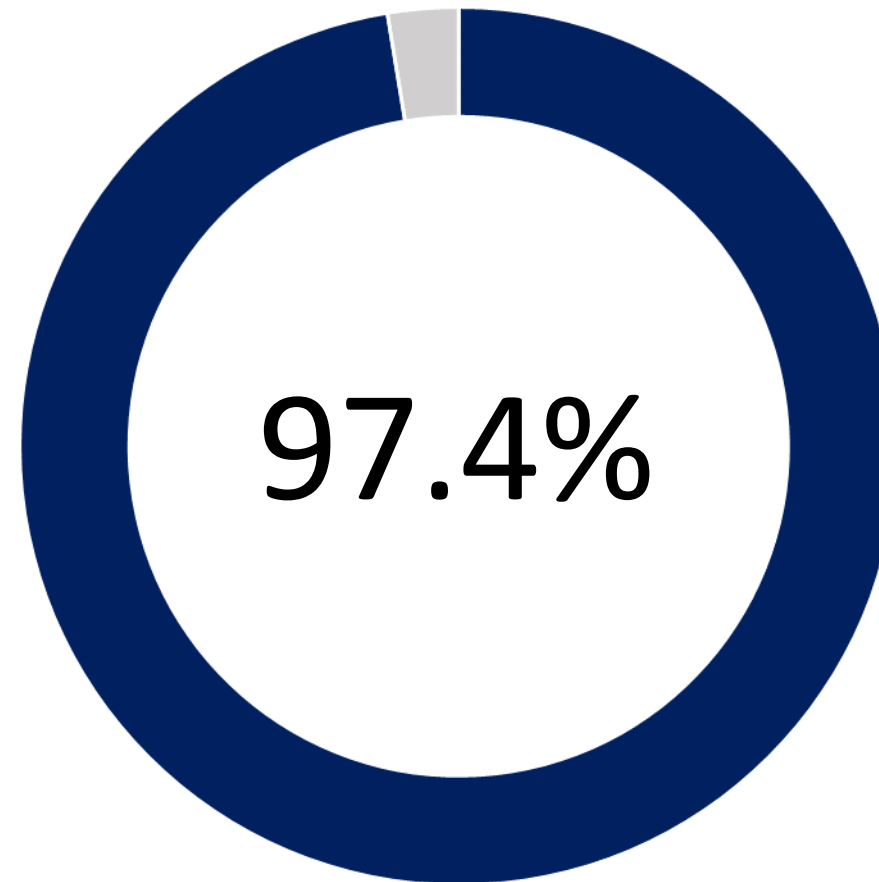


What percentage of patients are willing to stop a medicine if proposed by a doctor?



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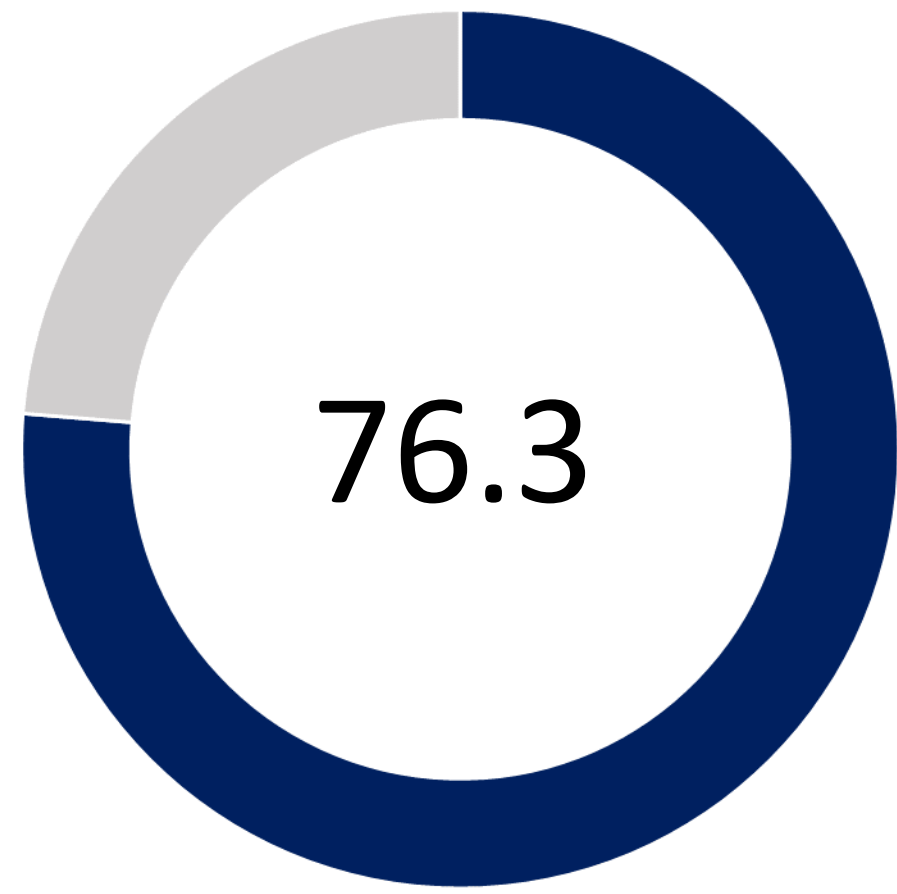


What percentage of carers are willing to stop a care recipient's medicine proposed by a doctor?



What percentage of carers are willing to stop a care recipient's medicine proposed by a doctor?

- 1. 100%
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- Patients largely do not want initiating deprescribing to be their responsibility
- Interventions should support practitioners to initiate deprescribing discussions with patients



Geriatricians and pharmacists

- Focus group with geriatricians and pharmacists (n=56) across four hospitals
- Barriers and enablers to deprescribing for older people in the hospital setting

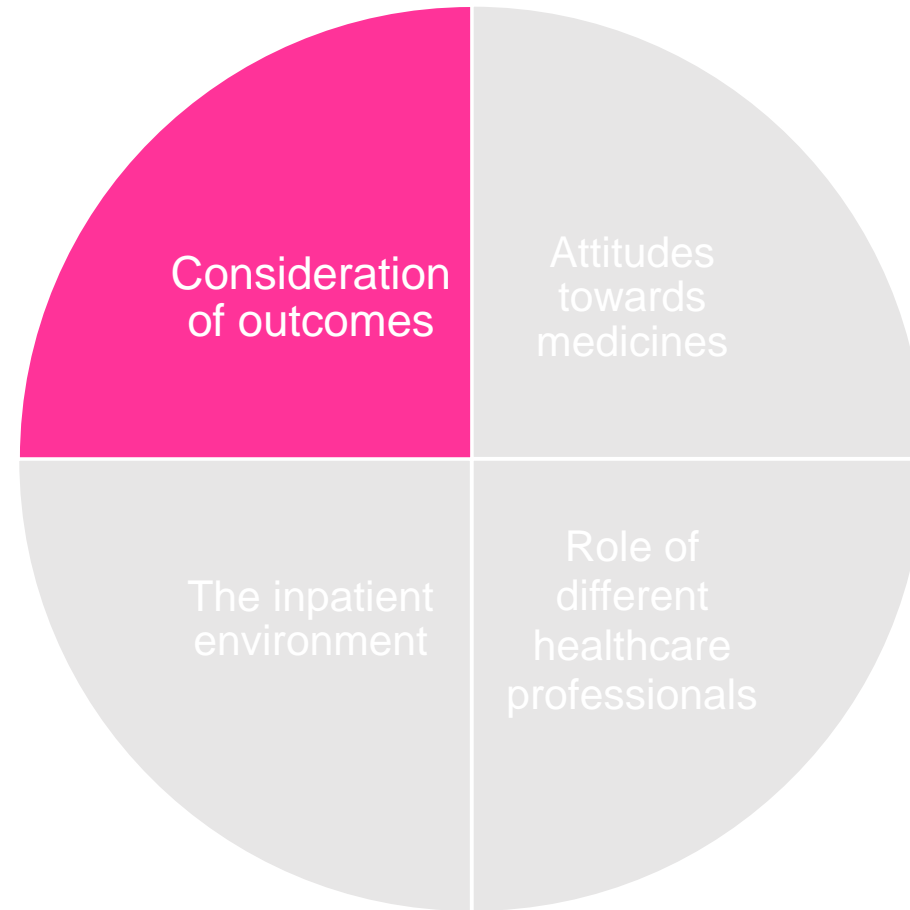




Adverse events

Continuing to prescribe
safer than proactive
deprescribing

Fear of assuming
responsibility for
deprescribing



Improved outcomes for
patients, practitioners and
NHS

No difference in risk
between prescribing and
deprescribing

Patient and carer
resistance to
deprescribing

Society sees medicines
as 'always good'

Medicines labelled as
'life-long'



Patients and carers dislike
taking medication

Increased awareness of
deprescribing within the
healthcare community

Primary care respect of
hospital deprescribing

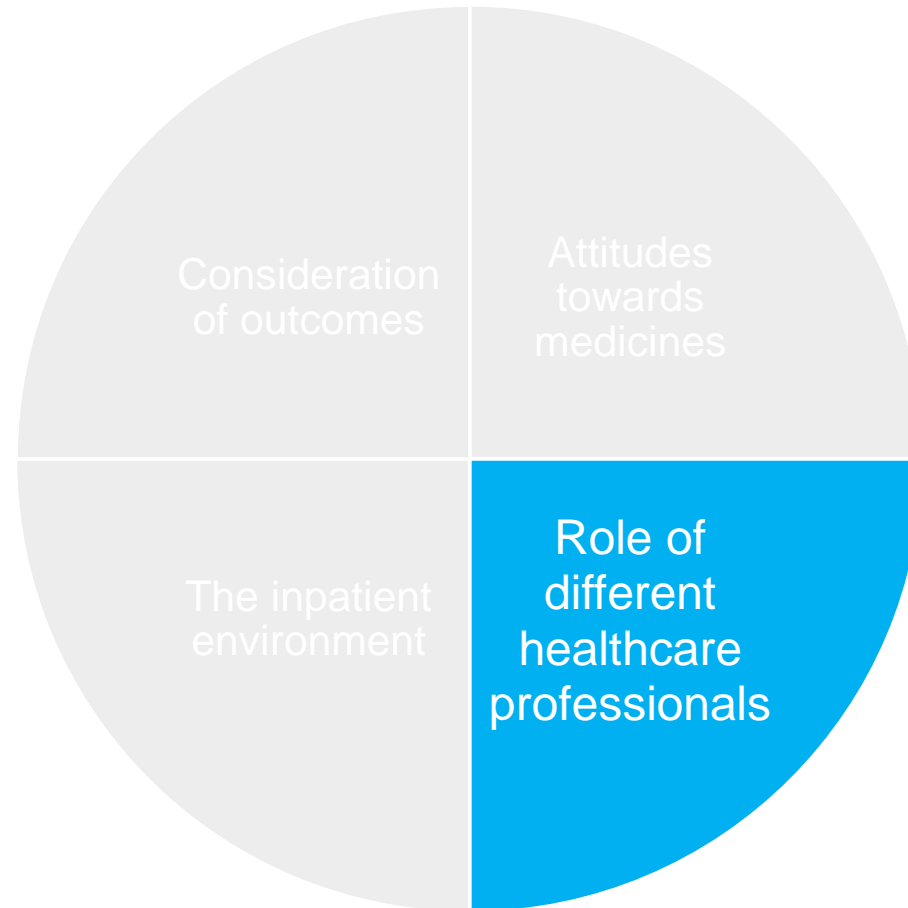
Thematic analysis

Lack of confidence to
assume responsibility for
deprescribing

Deprescribing education is
poor

Hospital's primary role is
acute care

Working patterns prohibit
deprescribing



Generalist knowledge and
experience

Existing role includes
deprescribing

Changing working patterns
to support deprescribing

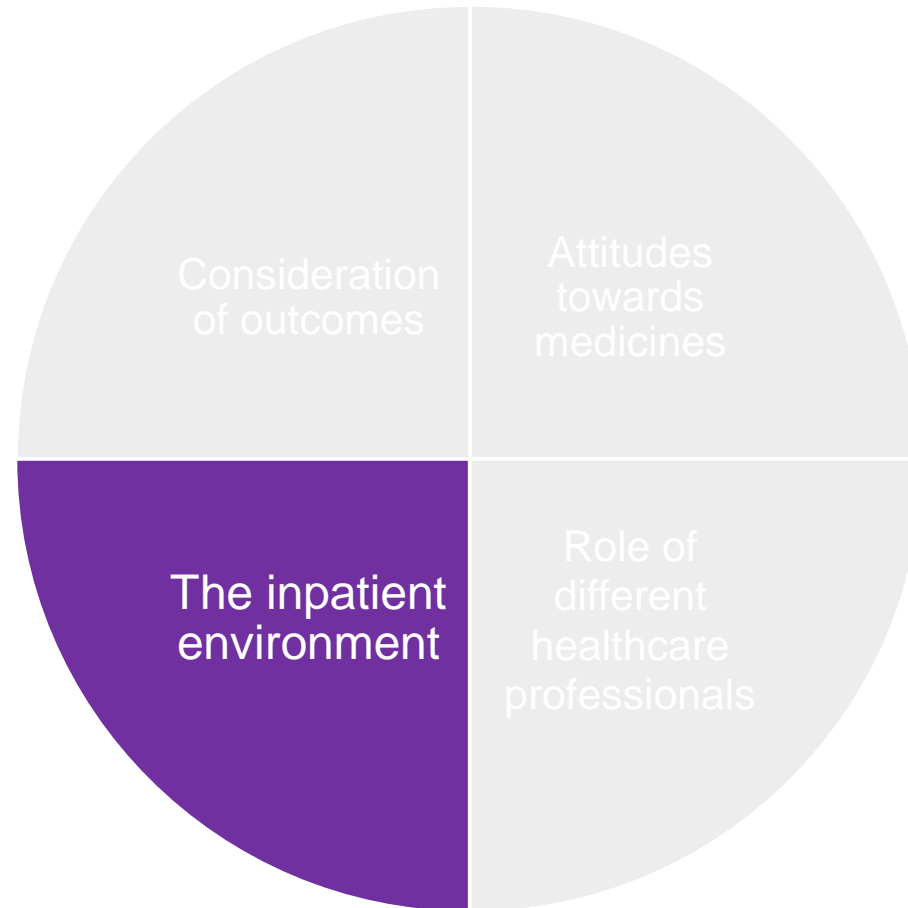
Confidence to make
deprescribing decisions

Deprescribing is not a hospital's priority

Limited feedback on deprescribing outcomes

Artificial patient status in hospital

Incomplete medication history



Setting deprescribing goals

Incentives to deprescribe

Hospitals are well resourced to deprescribe

Opportunity to trial deprescribing

- High motivation to increase proactive deprescribing in the hospital setting
- Interventions to support geriatricians and pharmacists to deprescribe should focus on addressing the key barriers and enablers



A toolkit for organisations to support opioids deprescribing

- What we already know:
 - All effective opioid deprescribing trials are complex
 - No trial models of care have been successfully implemented into practice and yielded the same effects
- Research questions requiring answering
 - Which intervention components work
 - Why do they work
 - Adapted for real-world environment whilst maintaining efficacy

A toolkit for organisations to support opioids deprescribing

Realist approach combining

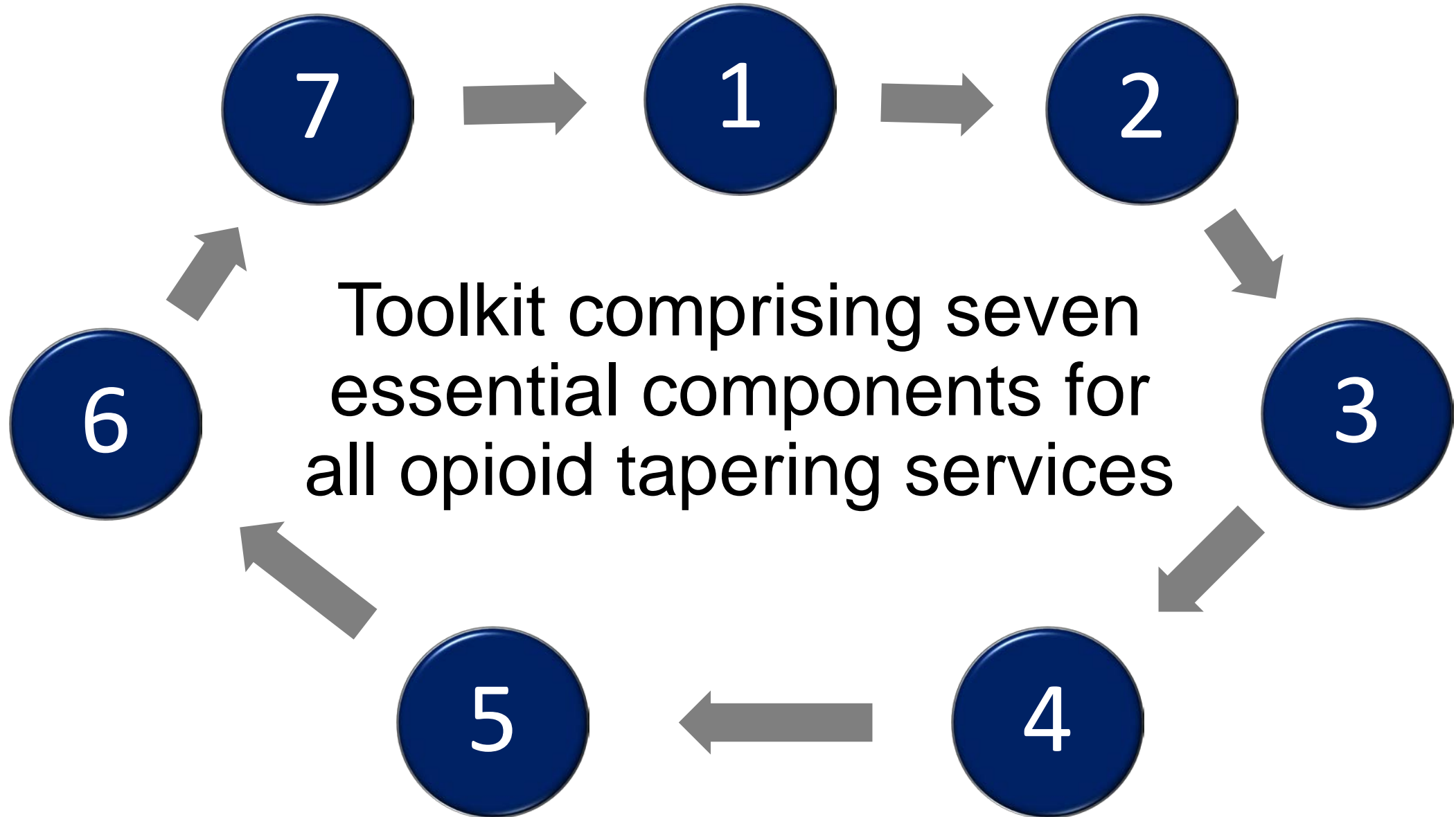


- Research evidence from opioid deprescribing trials



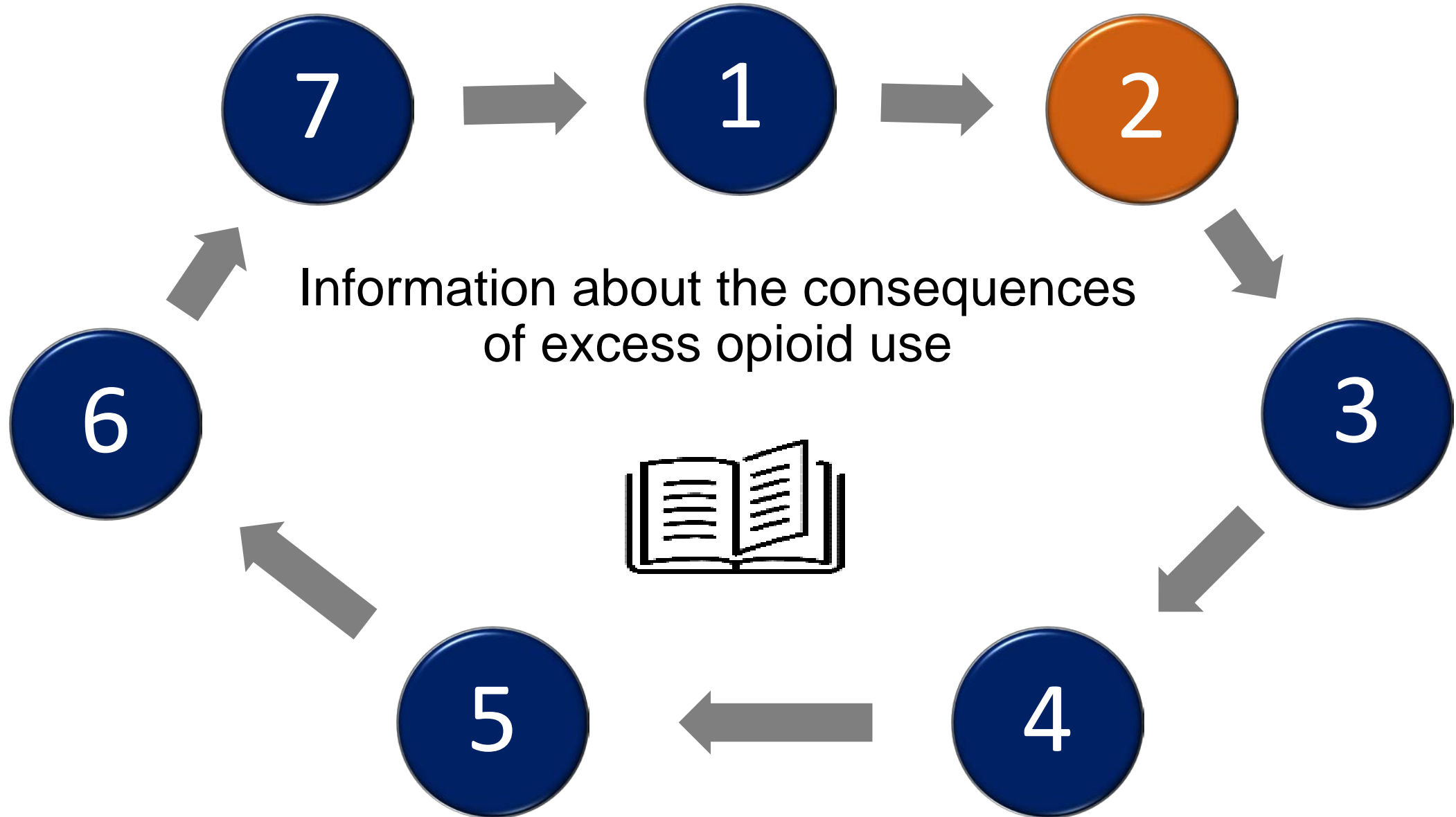
- Practice evidence from national survey of opioid deprescribing service managers/commissioners

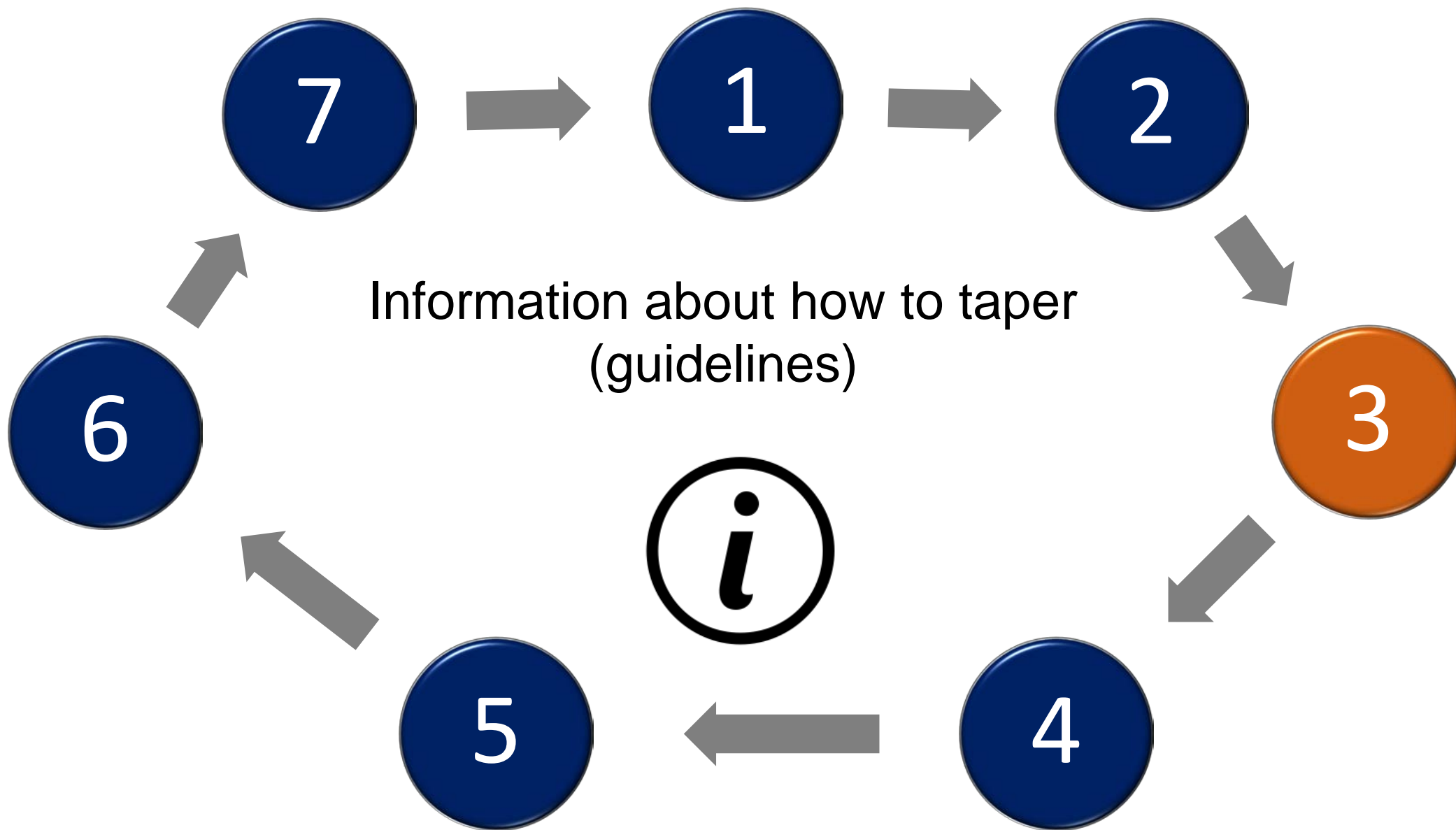


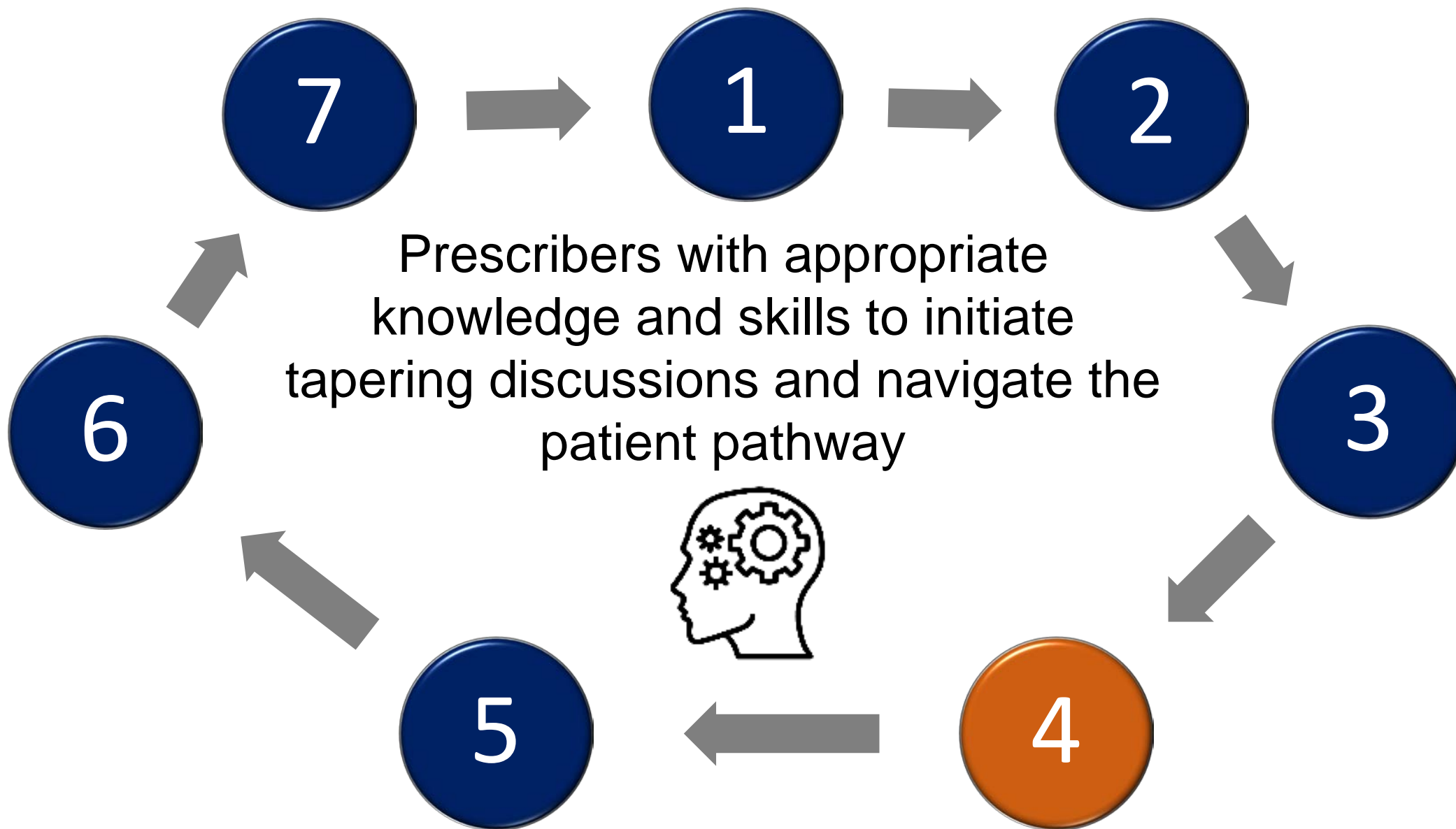


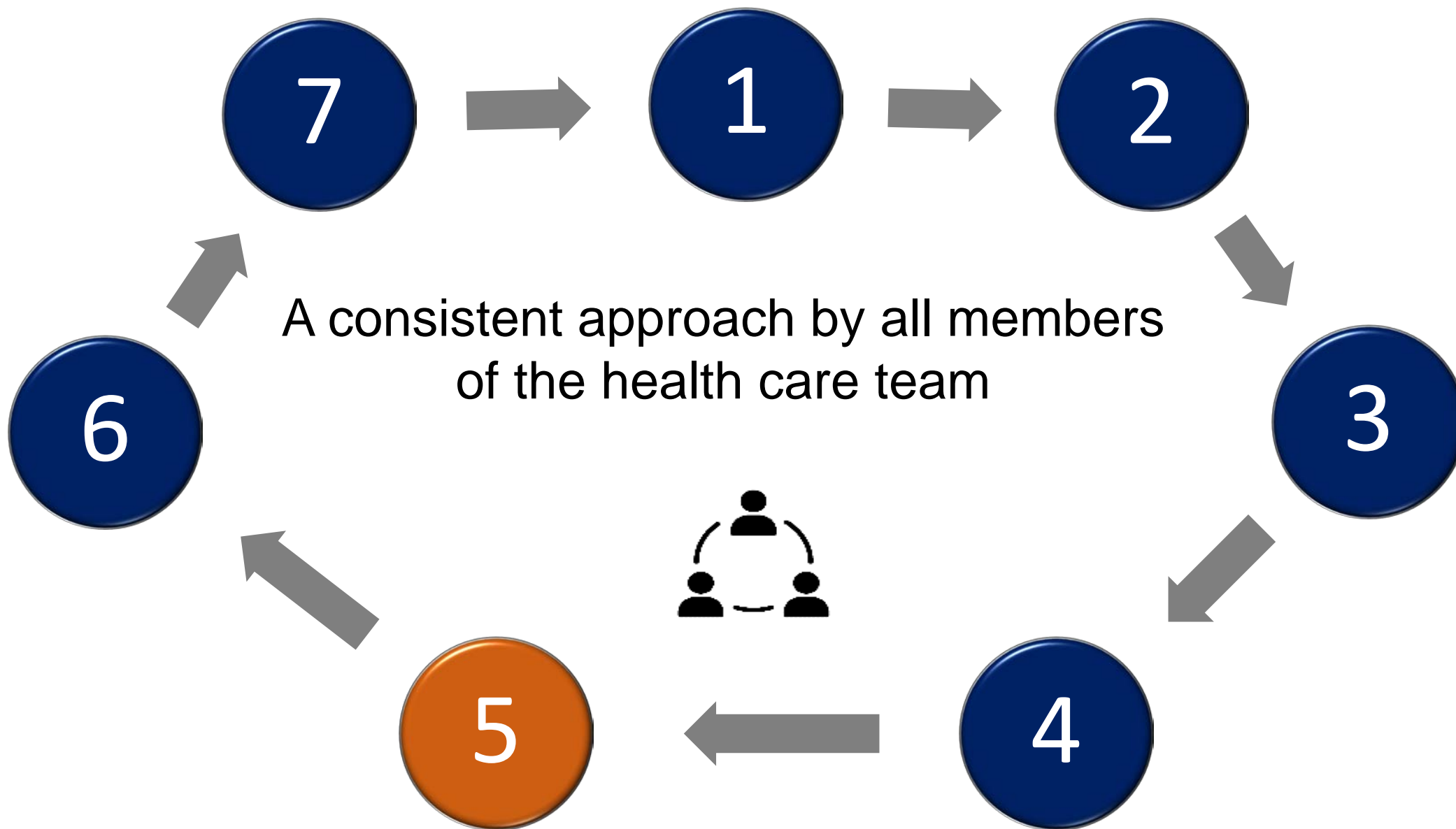


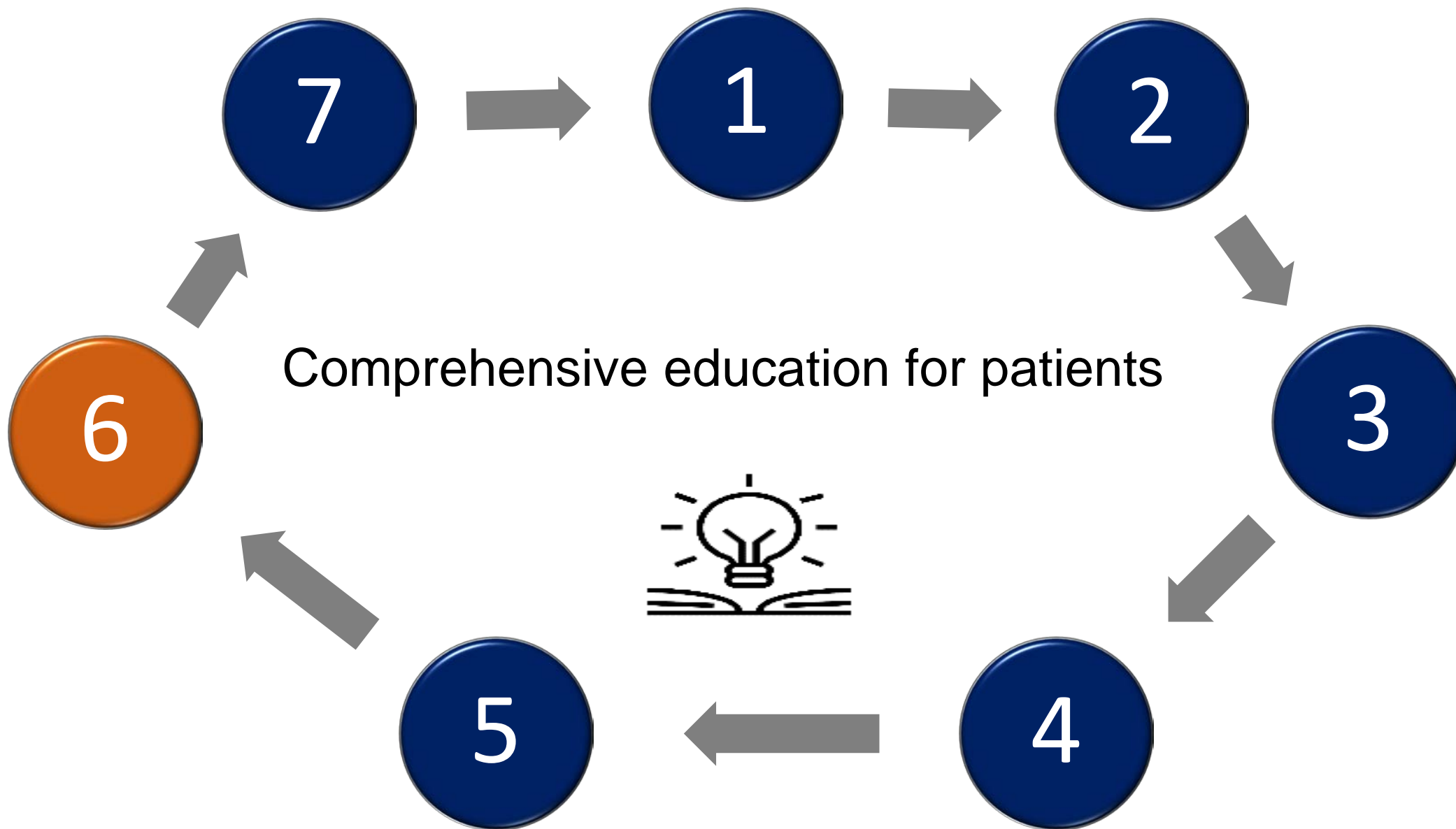
...and programmes should incorporate...

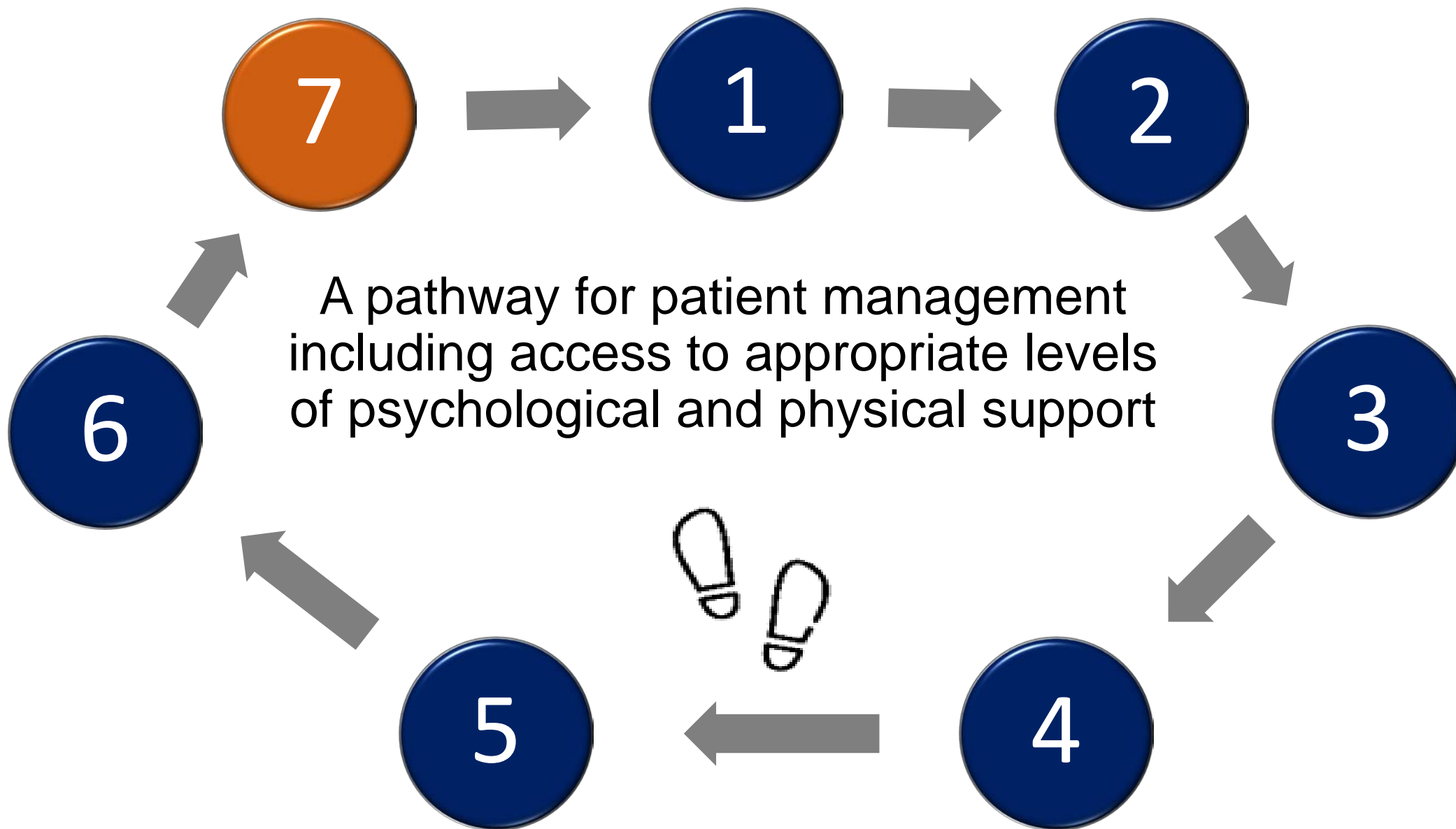














- Deprescribing in the context of polypharmacy
 - Older people and carers want geriatricians to be proactive about deprescribing
 - Geriatricians and pharmacists are under the misconception that patients and carers will be resistant to deprescribing proposals
 - Significant 'practical' hurdles to overcome
- Deprescribing in the context of opioids
 - Organisations must emphasise that opioid deprescribing is a priority
 - Implement the six effective components of complex opioid deprescribing interventions

- Research team

- Sion Scott
- Hattie Whiteside
- Caroline Hill
- Yoon Loke
- Bethany Atkins
- Emma Tang
- UEA MOGEA

- Funders

- Pharmacy Research UK
- NIHR CLAHRC

