



Research Brief

Are residents of aged care facilities willing to have their medications deprescribed?

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Abstract

Purpose: There has been recent interest in deprescribing, particularly among older people. No previous studies have assessed whether residents of aged care facilities are willing to have their medications deprescribed. Understanding residents' attitudes toward deprescribing is important for developing deprescribing interventions.

Objective: To investigate residents' willingness to have their medications deprescribed.

Methods: This was a cross-sectional survey of 232 residents aged ≥ 65 years from six residential aged care facilities (RACFs) across metropolitan and regional South Australia. Overall, 163 of the 232 residents (70.3%) took ≥ 9 regular medications. All participants completed the 10-item Patients' Attitudes Towards Deprescribing (PATD) questionnaire.

Results: Overall, 40.5% of residents reported a desire to stop taking one or more of their medications. If their doctor said it was possible, 78.9% of residents were willing to have one or more of their medications deprescribed. Residents taking ≥ 9 medications were more likely to feel that they were taking a large number of medications compared to residents taking < 9 medications (50.3% vs 14.5%, $P < 0.01$), and were more likely to believe one or more of their medications was causing side effects (14.7% vs 10.1%, $P = 0.02$). However, residents taking ≥ 9 regular medications were not significantly more likely to want to reduce their number of medications than residents taking < 9 medications.

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Conclusions: Deprescribing interventions are likely to be acceptable to residents' of RACFs, with a high willingness to discontinue medicines if doctors say it is possible. This highlights the importance of the proactive involvement of health care professionals in an individualized deprescribing process.
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Introduction

Up to 74% of residents in aged care facilities take nine or more medications on a regular basis.¹ While polypharmacy may be appropriate under certain circumstances, it can present several challenges. Polypharmacy increases the risk of adverse drug events and is associated with a higher likelihood of using inappropriate or unnecessary medications.² Polypharmacy also places a burden on health care providers due to the increased demand for staff qualified to undertake medication administration,³ and reduces staff time for provision of non-pharmacological care.

There has been an increasing interest in how to discontinue inappropriate or unnecessary medications in people with limited life expectancy.⁴ This is particularly relevant in the residential aged care (RACF) setting, where there is a high prevalence of dementia and other life limiting illness. Up to 54% of residents with advanced dementia take one or more medications of questionable benefit.⁵ Deprescribing is the systematic process of ceasing medications, and it has been proposed as a way to approach the problem of inappropriate polypharmacy.⁶ Medication cessation can be both safe and beneficial when the benefits, risks and medical ethics of discontinuing medications are carefully considered.⁴ Deprescribing requires a patient-centered, systematic approach that incorporates close monitoring and follow-up.⁴

Research into older people's attitudes toward deprescribing found that over 90% of hospital outpatients and inpatients are willing to discontinue their medications upon approval by their doctor.^{7,8} However, no previous research has investigated the attitudes of older people living in RACFs regarding their medications and deprescribing. This is important because the risk-to-benefit ratio of medications use may change as a resident's goal of care changes from curative to palliative. This study aimed to investigate residents' willingness to have their medications deprescribed.

Methods

Design, setting, and participants

This was a cross-sectional study of 383 residents in six RACFs in South Australia. The methods of the study have been described previously.⁹ At the time of conducting the study, the RACFs provided both low and high level aged care in metropolitan Adelaide and a regional center, Mt Gambier. Participants and non-participants were similar in terms of age, sex, and the prevalence of dementia. In total, 232 residents aged ≥ 65 years were able to self-complete the questionnaire.

Data collection

Between April 2014 and August 2014 three trained study nurses collected the data using a series of validated scales.⁹ Participant information such as age, sex, and diagnoses were obtained from residents' medical records. Medication information was extracted from each resident's medication charts and included prescription and non-prescription medications such as vitamins, minerals, complementary and alternative medications used regularly and on an as-needed basis. Polypharmacy was defined as the use of ≥ 9 regular medications. Quality of life was assessed using the staff informant version of the 15-item Quality of Life in Alzheimer's Disease Scale (QoL-AD), with possible scores ranging from 15 to 60 with lower scores indicating poorer quality of life.¹⁰

Attitudes toward deprescribing

Older people's perceptions about their medications and attitudes toward deprescribing were captured using the previously validated, 10-item Patients' Attitudes Towards Deprescribing (PATD) questionnaire.¹¹ The PATD has shown criterion and test-retest reliability when used in general adult samples. The investigators made minor amendments to the wording of several items to allow the tool to be interviewer administered. The face validity of the reworded items was established by a panel of nurses and caregivers. If the

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