



# Community-dwelling older people's attitudes towards deprescribing in Canada

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## Abstract

**Background:** While there is evidence that supervised withdrawal of inappropriate medications might be beneficial for individuals with polypharmacy, little is known about their attitudes towards deprescribing.

**Objective:** This study aimed to describe the situation among older community-dwelling Canadians.

**Methods:** A self-administered survey was adapted from the *Patients' Attitudes Towards Deprescribing* questionnaire and distributed to 10 community pharmacies and 2 community centers. The participants rated their agreement on statements about polypharmacy/deprescribing on a 5-point, Likert-type scale. Correlations between the desire to have medications deprescribed and survey items were evaluated using Spearman's Rho and Goodman and Kruskal's gamma rank correlations.

**Results:** From the 129 participants, 63% were women [median age: 76 (IQR:71–80); median number medication: 6 (IQR: 3–8)]. A proportion of 50.8% (95%CI: 41.6%–60.0%) expressed the desire to reduce their number of medications. This desire was strongly correlated with the individuals' feeling of taking a large number of medications and moderately correlated with the belief that some of the medications were no longer needed or that they were experiencing side effects.

**Conclusions:** The results show that older individuals in the community are eager to undertake deprescribing, especially if they have a large number of medications, are experiencing side effects or feel some medications are no longer necessary.

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**Keywords:** Deprescribing; Elderly; Attitudes; Perceptions; Polypharmacy

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## Introduction

Medication use has been steadily increasing over time. In Canada, it represents the third-largest portion of healthcare expenses.<sup>1</sup> Polypharmacy is frequent, especially for older individuals. In 2012, two thirds of Canadians 65 years and over used at least 5 unique prescription medications, and nearly a third used more than 10.<sup>2</sup> However, polypharmacy has been associated with hospitalization, deaths, falls, functional impairment,<sup>3</sup> increased risk of drug interactions<sup>4</sup> and use of inappropriate medications.<sup>5</sup> It thus appears fundamental to tackle the risks polypharmacy imposes. Deprescribing methods – the systematic processes of withdrawal of inappropriate medications in an individual in order to reduce polypharmacy and eventually improve health outcomes-appear promising to reach this aim.<sup>6</sup>

In accordance with patient-centered care and shared decision-making, deprescribing involves an implicit partnership between the health providers and the individuals. The individuals' commitment in the process, and thereby its success, is likely to be influenced by the perception they have of their medications and deprescribing. A small number of previous studies have explored this using the *Patients' Attitudes Towards Deprescribing* questionnaire.<sup>7</sup> Three studies have been conducted in Australia (in outpatients attending an ambulatory hospital consulting service,<sup>8</sup> hospital inpatient statin users<sup>9</sup> and residential aged care facilities residents<sup>10</sup>) and one in Italian hospital inpatients.<sup>11</sup> These studies found that between 80 and 92% of participants reported being willing to have one or more of their medications deprescribed if their doctor said it was possible. However, the perspectives that older individuals living in the community hold about deprescribing remains largely unknown. We therefore aimed to describe the community-dwelling older individuals' attitudes and perceptions towards deprescribing in the province of Quebec, Canada.

## Methods

### *Survey*

A survey was created that was adapted from the *Patients' Attitudes Towards Deprescribing* questionnaire.<sup>7</sup> The participants had to rate their agreement on a 5-point, Likert-type scale on 10 questions and answer 5 multiple-choice questions about polypharmacy and deprescribing. They

were also asked to report their age, sex, number of medications taken, use of pill-dispensing aids, and who manages medications.

### *Study population and recruitment*

The surveys were distributed in 10 community pharmacies and 2 community centers located in the province of Quebec, Canada (Bas St-Laurent, Chaudière-Appalaches, Capitale Nationale, Centre du Québec). Each pharmacy was provided with a poster that described the study. The community pharmacist and the nurse, when present, were invited to inform individuals of the possibility to participate in the study. A research assistant also invited individuals attending a community center to fill out the survey. The individuals had to be 65 years and over to participate. Those taking no medication were excluded.

A letter joined to the survey explained the purpose of the study, how to proceed to answer the questions, the benefits and disadvantages of participating and the fact that all responses would be anonymous. The individuals were invited to either answer the survey at the pharmacy/community centre and put it in a sealed box, or mail the completed survey using a pre-paid envelope.

### *Sample size*

Reeve et al described that a 20% difference in the first ten questions of the *Patients' Attitudes toward Deprescribing Questionnaire*, with alpha set at 0.05, would require 92 individuals to be part of the study.<sup>7</sup> It was therefore aimed to reach 100 participants in our study.

### *Statistical analysis*

Descriptive statistics were used to summarize the participants' characteristics and to present proportion of agreements for each question. The two categories of agreement (strongly agree and agree) were aggregated, as were the two categories of disagreement (strongly disagree and disagree) for questions 1 to 10. Corresponding 95% confidence intervals were calculated.

Using Spearman's Rho, the associations between the desire to reduce the number of medications that the individual takes with age and with the number of daily medications were assessed. Goodman and Kurska's gamma rank correlations were used to measure the strength of the association between the desire to reduce the number of medications that the individuals take (Question 5) and the other 9 Likert-type questions of the

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