



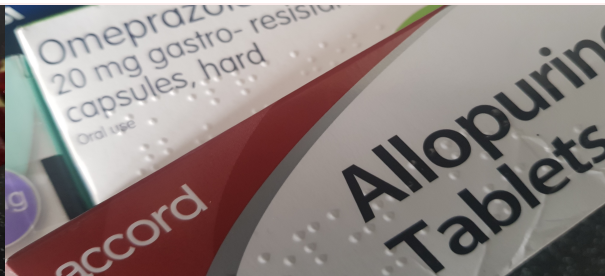
# CLAHRCBITE

Brokering Innovation Through Evidence



September 2019

## Barriers and facilitators to deprescribing in primary care: a systematic review



### Background

Polypharmacy is commonly defined as the prescription of several medications and is common amongst adults with multiple medical conditions. It is a significant challenge in primary care settings globally. Safe deprescribing can reduce exposure to inappropriate polypharmacy. However, deprescribing interventions are not fully accepted or routinely implemented in primary healthcare practice.

### How did we involve people?

We involved people taking multiple medications for multiple medical conditions in the development of the research proposal and in the production of findings.

This review was carried in collaboration with researchers from the University of Central Lancashire and the University of Liverpool.

### What was the aim of the project?

To identify barriers and facilitators to safe deprescribing for adults aged 18 years and above with multiple medical conditions and polypharmacy.

### What did we do?

CLAHRC researchers conducted a systematic review of studies published from 2000 - 2019, examining the barriers and facilitators to deprescribing interventions for patients with multiple medical conditions and polypharmacy.

### What we found and what does this mean?

32 studies from 13 different countries were included in the review. Our findings indicate there are many barriers and facilitators to deprescribing medications in patients with multiple medical conditions at cultural, organisational, interpersonal and individual levels.



**Culture** – The evidence suggested there is a culture of diagnosis and prescribing of new medications for diagnosed medical conditions. A more prudent prescribing culture should be adopted.

**Organisational** – At an organisational level, evidence-based guidelines for deprescribing are lacking for patients with multiple medical conditions and current guidance has the tendency to focus on single disease management which makes deprescribing difficult for patients with multiple medical conditions and polypharmacy. Therefore, better evidence-based guidance is required with advice for healthcare practitioners on drug-drug interactions, when to start and stop medications, in an easily accessible format to facilitate discussion between healthcare professionals and patients.

**Interpersonal** – Patients often encounter several different healthcare professionals in primary care settings. There is a need for improved communication between health care professionals and their patients. Healthcare professionals often struggle to find the right language to start discussions around deprescribing with their patients despite patients being open to discussions about deprescribing. There is also a reluctance by healthcare professionals to stop medication started by other specialists. Overall, there is also a lack of knowledge, tools and resources in primary healthcare for deprescribing, and it is seen as being easier for healthcare professionals to continue to prescribe and thereby maintain the 'status quo'.

**Individual** – There were several individual factors relating to the patient and their relationship with medication. Patients were often reluctant to cease medications that they have been taking for some time but were also uncertain of the reasons why they were on certain medications or cared about their side effects.

There seems to be “doctor knows best” attitude and therefore patients did not feel they should play an active role in the decision-making process. The trust that the patient has in the GP should be used to influence a patient’s willingness to stop medications as patients that are involved in the decision-making process were more likely to act on GP’s recommendations. In order to do this, GPs need to be better equipped with information and guidance on deprescribing. This review suggests that a whole systems patient-centred approach is needed which can only be achieved with the involvement of key decision-makers, healthcare professionals, patients and carers.

### What next?

Key considerations

- Bring key stakeholders (policy and decision-makers, healthcare service commissioners, providers, practitioners, patient and carers groups) together at international, national, regional and local levels.
- Present key stakeholders with evidence of why this issue matters and create a shared understanding of why and how the complex barriers identified need to be addressed.
- Agree a shared vision, build high-level support and networks of partners, prioritise action, and mobilize resources to develop and implement a whole-systems approach.

### What is NIHR CLAHRC / ARC North West Coast?

The Applied Research Collaboration North West Coast (ARC NWC) superceded CLAHRC NWC in September 2019. It is a partnership between universities, NHS, public, etc. Its mission is to undertake applied research to improve public health, wellbeing, quality of care & reduce health inequalities across the North West Coast region.

<https://arc-nwc.nihr.ac.uk/>

