Research Round Up- Deprescribing

Introduction

Last month the research round-up provided you with an overview of articles looking at polypharmacy and the older adult. This month we will be reviewing articles concerning deprescribing. According to Deprescribing.org 'deprescribing is the planned process of reducing or stopping medications that may no longer be of benefit or that may be causing harm' (https://deprescribing.org/ ). The aim is to stop unnecessary medications or to reduce the burden of drugs while still manging conditions and improving quality of life. The first article looks at barriers and enablers from a patient perspective. The second looks at barriers and facilitators that occur at individual levels as well as those that are organisational and cultural. The final article looks at opioid deprescribing in chronic non-cancer pain.

Patient-reported barriers and enablers to deprescribing recommendations during a clinical trial

Kim. J.L., Lewallen. K.M., Shah. A.S. & Vasilevskis. E.E. (2022) *Patient-reported barriers and enablers to deprescribing recommendations during a clinical trial (Shed-MEDS).* The Gerontologist 1-11.

This advanced online article ahead of print in the Gerontologist had the primary aim of elucidating if a deprescribing intervention initiated during a hospital stay in adults over the age of 50 and continued when they had been discharged to a post-acute care facility reduced the number of medications among this patient group compared to the usual care intervention. The paper describes the process of the deprescribing conversation intervention and summarises the most common barriers and enablers expressed by participant patients. This was done as the Shed-MEDS randomised controlled trial which recruited 372 patients of which 186 were randomised to the intervention group and received the patient–clinician deprescribing conversation component of the intervention and were included in the thematic analysis for barriers and enablers. The patient–clinician conversations were mainly carried out by pharmacists with the remainder led by study Nurse Practitioners. Most conversations were only with patients (68.9%) while surrogates participated in 31.1%. The median length of the patient–clinician conversation was 30 min. The clinician involved had reviewed each participant's medical history and medication list to identify medications with potential for deprescribing. Then the semi-structured interview was conducted to elucidate concerns about medications and any willingness for deprescribing. A categorising framework was employed regarding barriers and enablers form a non-clinician perspective including "appropriateness of cessation," "fear," "dislike of a medication," "influences," and "process of cessation."

Overall, the results showed that 177 participants agreed with 63% (883 total medications) of the study clinician's deprescribing recommendations. Thematic analysis revealed that "appropriateness" of a medication was the most common barrier (88.2%) and enabler (67.3%) to deprescribing. Other deprescribing enablers were in the following domains: "influences" (22.7%), "process" (22.5%), "pragmatic" (19.4%), and "dislike" (5.3%). The median reduction in in medications was 5 per patient with the most commonly agreed medications were antipsychotics (91%), drugs for gastro-oesophageal reflux disease (74%), antihypertensive drugs (74%) and antidiabetic drugs (71%). Those found to be less favourably viewed for deprescribing were vitamins (54%) and antidepressants (48%).

The most common barrier and enabler was the appropriateness of the medication with other factors such as fear and influences as barriers while influences and dislike were the most common enablers.

The authors conclude that these results should inform future implementation efforts that incorporate a patient-centred framework during deprescribing conversations and support the expanded role of pharmacists and nurse practitioners in this area.

https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnac100/6650185?login=true#

Deprescribing: Moving beyond barriers and facilitators

Thompson. W & Reeve. E. (2022) *Deprescribing: Moving beyond barriers and facilitators*. Research in Social and Administrative Pharmacy: 18:3, 2547-2549

This article published in the Journal of Research in Social and Administrative Pharmacy aims to give an overview of what the authors state are well established barriers and facilitators and provide a tabulated view of examples of current thinking in this area. The barriers they identify include those at individual level (provider- lack of tools or knowledge and skills and patient- fear or ambivalence), organisational level (lack of incentive or remuneration or feasibility) and cultural (such as single disease guidelines or maintaining the status quo). They include facilitators such as evidence-based tools for use, evidence around benefits and harms, awareness and discussion on goals of care, access to support and resources as well as communication mechanisms and acknowledgement of complexity within multi-morbidity.

The authors feel that although the field is moving forward there is still too much emphasis in the research on identifying barriers and facilitators and that the focus should shift to translating what is known about barriers and facilitators into strategies and tools for clinical practice that can help address known barriers and harness known facilitators. Moving forward research should shift priority to develop and test practical deprescribing tools and strategies. Additionally, there should be studies informing communication and decision making in deprescribing conversations to create a deeper understanding of barriers and facilitators. They acknowledge that localised studies of barriers and facilitators may prove useful to help adapt and implement tools and strategies but that theoretical frameworks already exist, and they warn of the potential of continually re-inventing the wheel. They conclude that recent and ongoing studies still contribute to the body of knowledge but that in the planning of future studies, researchers should look closely at well known barriers and facilitators and generate know knowledge building on existing work to enhance the translation of research into practice.

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Opioid deprescribing: Qualitative perspectives from those with chronic non-cancer pain

Hamilton. M., Gnjidic. D., Lin. C.C., Jansen. J., Weir. K.R., Shaheed. C.A., Blyth. F. & Mathieson. S. (2022) *Opioid deprescribing: Qualitative perspectives from those with chronic non-cancer pain*. Research in Social and Administrative Pharmacy: 18:12, 4083-4091

This article published in the Journal of Research in Social and Administrative Pharmacy aims to identify barriers and facilitators in people with chronic non-cancer pain when deprescribing opioid analgesics, and their views on resources that assist with deprescribing. The rationale for this is that chronic non-cancer pain is a major cause of disability worldwide and that there is an associated impact on personal productivity and quality of life. The authors also discuss the increase in opioid use as a public health issue and its impact on patient harm, drug misuse, development of opioid dependency and death. The study employed a purposive sampling strategy to recruit 19 adults over the age of 18 years currently self-reported chronic non-cancer pain of a duration of 12 weeks or over and who were, or had been, on long-term opioid therapy over more than 6 weeks duration. The aim was to recruit participants with characteristics associated with increased opioid prescription such as gender, age, geographical location, and socioeconomic status. The recruitment took place via Australian pain association newsletters, community pharmacy advertising and social media. Of the 98 respondents, 19 met the inclusion criteria. Semi-structured telephone interviews were conducted. A five-step inductive framework and thematic analysis method identified themes for each study aim.

Barriers to opioid deprescribing were identified as the perceived benefits of opioids outweighing the risks, feeling abandoned by the deprescribing journey and limited availability and accessibility of healthcare. Facilitators were identified as supportive patient-clinician relationships, education on opioid harm, personal motivation and coping strategies being in place.

The researchers also explored and compared a variety of resources from electronic forms such as websites and apps to paper-based or face to face. They discovered that use of electronic v paper based was dependent on individual preference and circumstances but regardless of form, resources needed to be educational but also simple and engaging.

The authors conclude that most people on opioids for the condition of chronic non-cancer pain were not happy that they were on opioids but that they struggled to deprescribe because insufficient alternatives, a lack of support from their doctors and lack of information about the deprescribing process. They suggest that deprescribing could be improved using support networks, application of existing evidence-based strategies and the provision of simple yet informative resources.

https://www.sciencedirect.com/science/article/pii/S1551741122002327

Conclusion

Deprescribing is not a new phenomenon, but it is an area where research is ongoing in various conditions, age groups and those drugs known to cause harm. It is evident that there are tools and strategies available and an evidence base to support their use. All prescribers should be aware that deprescribing is often as important as the initiation and continuation of medication and should familiarise themselves with locally available policies and procedures.