



## HSRAANZ Webinar Series – Decision making about polypharmacy: the attitudes and experiences of older adults and their companions

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**Winner 2019 HSRAANZ Best Paper (Qualitative) Award**

**Tuesday 31 March 2020 at 11.30am Sydney, Melbourne, Canberra**

**There is no cost to attend the Webinar, but registration is essential. Please register at: [https://utsmeet.zoom.us/webinar/register/WN\\_8wqy\\_102S8G7xDSSLyvHJQ](https://utsmeet.zoom.us/webinar/register/WN_8wqy_102S8G7xDSSLyvHJQ)**

**The Webinar will be about 1 hour including time for Q and A.**

### **Abstract**

**Background and aims:** Multiple medication use (polypharmacy) is common amongst older adults even though they are less likely to obtain the same benefit from medicines as younger adults and the associated harms of inappropriate polypharmacy are well known. Reducing inappropriate polypharmacy by not starting medicines, tapering or stopping – “deprescribing” – can be safe and beneficial. Deprescribing can be challenging and requires considered communication and a collaborative approach between the clinician and patient. It is important to involve older adults in these discussions but the extent to which a person wants to be involved is likely to be highly individual. Furthermore, there is not much evidence or guidance on how to support older patients in this process.

We explored decision making about polypharmacy with healthy and frail older adults, through discussions about their experiences and attitudes towards making decisions about medicines and their thoughts on deprescribing.

**Methods:** Semi-structured interviews were conducted with 30 healthy and frail older adults (aged 75+) and 15 of their companions; all with varying socio-economic backgrounds and levels of education in NSW, Australia. Transcribed audio-recordings were thematically coded and a Framework Analysis method was used.

**Results:** Three key themes emerged: 1) attitudes towards medicines 2) preferences for involvement in decision making in general 3) openness to deprescribing. Participants varied considerably in relation to these key themes and other factors which led to the identification of three participant types. Type 1 held very positive attitudes towards medicines, preferred to leave most decisions to their doctor and were resistant to deprescribing. Type 2 voiced ambivalent attitudes towards their medicines, preferred a more proactive role in decision making and were open to deprescribing if their medicines were causing problems or were not beneficial. Type 3 were mostly frail, perceived they lacked knowledge about their medicines, and preferred to defer decisions about their

medicines to others (doctor or companion). There were additional challenges amongst the frail older adults, who were generally less involved in medication decisions, and their perceived lack of knowledge about their medications was identified as a barrier to shared decision making.

**Conclusion:** Actively involving older adults in decisions about their medicines is important but can be challenging for clinicians and older adults. We found three types of participants which suggest that interventions to support shared decision making about deprescribing may need to be tailored accordingly. The subtypes we identified may need different approaches to meet the needs of the individual and to support patient involvement in deprescribing decisions.

**Bio:**

Kristie Weir is a PhD candidate at the University of Sydney's School of Public Health under the supervision of Assoc/Prof Jesse Jansen, Professor Kirsten McCaffery and Professor Vasi Naganathan. Kristie is a researcher in the Sydney Health Literacy Lab and a member of Wiser Healthcare. Her PhD involves developing and testing a communication tool to support patient involvement with older adults in the context of polypharmacy. She has a background in science and public health, completing her MPH in 2016 at the University of New South Wales. Her research interests focus on health communication and decision making to promote patient involvement and appropriate prescribing of medications for older adults.

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