



Abstract of parallel session: 17

Title: A Primary Care-Based Survey to Assess Barriers and Enablers to the Willingness to Deprescribe in Older Patients with Multimorbidity and Polypharmacy and Their General Practitioners': The LESS Study

Presenting Author(s): Katharina Tabea Jungo¹

Institutes: 1) Berner Institut für Hausarztmedizin (BIHAM), Universität Bern, Bern, Schweiz
2) LUMC Department of Public Health and Primary Care, Leiden University, Leiden, Netherlands

Authors (s): Sophie Mantelli¹, Zsófia Rozsnyai¹, Jacobijn Gussekloo², Sven Streit¹

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Abstract (Max 2000 characters, incl. spaces):

Background: Many older people have several chronic conditions and take multiple medications. Ideally, general practitioners (GPs) systematically search for inappropriate medications and, if necessary, deprescribe. However, deprescribing is a challenge due to numerous barriers within patients and GPs.

Aim: To identify barriers and enablers to the willingness to deprescribe in GPs and multimorbid older patients with polypharmacy.

Hypothesis: Both the patients' and the GPs' willingness to deprescribe are associated with barriers and with enablers related to deprescribing.

Design: Cross-sectional study in primary health care patients and GPs in Switzerland.

Methods: To assess the GPs' willingness to deprescribe an existing sample of 300 GPs located in Switzerland will be invited to participate in a survey. We will use case vignettes differing in terms of dependence and cardiovascular risk factors of the patient (continuum) and Likert-Scale analyses of factors influencing deprescribing to assess the GPs' willingness to deprescribe. Proportions of respondents rating each factor on the Likert-Scales as important will be calculated for logistic regression analyses. Regarding the case vignettes, proportions for deprescribing medications will be analyzed along the continuum.

To assess patients' willingness to deprescribe we will invite 500 patients (of 100 sampled GPs) aged 65 years or older, with 3 or more chronic diseases, and 5 or more medications to respond to a validated questionnaire (called 'revised Patients' Attitudes Towards Deprescribing', rPATD). The association between barriers/enablers and the willingness to deprescribe will be assessed by using mixed-effects logistic regression models.

Relevance: Knowing enablers and barriers to the willingness to deprescribe in both GPs and multimorbid older patients with polypharmacy will directly help GPs to optimize deprescribing practices. Further studies could then tailor specific interventions to facilitate deprescribing.