

Communication about medicines and deprescribing

Why it's important for reducing medicines-related harm

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Overview

- My background
- Introduction to medication-related harm
- Deprescribing and patient involvement
- Patient preferences and attitudes – my work: Study 1, 2
- Medication review communication tool – my work: Study 3
- Summary

My background

- MPH, B.Sci
- PhD, Sydney School of Public Health, Faculty of Medicine and Health, The University of Sydney
- Postdoctoral work:
 - Dr Emily Reeve (University of South Australia, Quality Use of Medicines and Pharmacy Research Centre)
 - Prof Sven Streit (University of Bern, Institute of Primary Health Care (BIHAM))
- Topic > Communication and decision-making about medicines and deprescribing, older adults, their carers, pharmacists and GPs.

Medication-related harm

- Up to 50% of adults 65 years and older take one or more medications that are inappropriate or medically unnecessary (Maher RL, Hanlon JT, Hajjar ER. Clinical consequences of polypharmacy in elderly. Expert Opin Drug Saf. 2014;13(1):57-65)
- Polypharmacy is associated with functional decline, cognitive impairment, falls, adverse drug events, reduced quality of life and increased health care costs
- Deprescribing: the process of withdrawal of an inappropriate medication, supervised by a health care professional with the goal of managing polypharmacy and improving outcomes (Reeve E et al. A systematic review of the emerging definition of „deprescribing‘ with network analysis: implications for future research and clinical practice)

WHO Global Patient Safety Challenge - Medication without harm: Medication safety in polypharmacy report

- 1. Weighing up benefits and risks depends on patient preferences
- 2. Medication review
- 3. Dispensing, preparation and administration
- 4. Communication and patient engagement throughout
- 5. Medication reconciliation and partnership with health care providers, interprofessional
- Communication and patient involvement is key at every step

• How do we involve patients and communicate effectively about their medications?

Figure 1. Key steps for ensuring medication safety



Deprescribing and patient involvement

- Studies provide guidance to clinicians about the process of deprescribing (e.g. specific classes of medications or more broadly) (Deprescribing guidelines and algorithms [website]. Ottawa: Canadian Deprescribing Network; 2019 American Geriatrics Society Beers Criteria Update Expert Panel. J Am Geriatr Soc 2019)
- However, these approaches are not always successful, particularly over the long term
- Clinicians report patients as being resistant to deprescribing and patients can have internally contradictory beliefs
- A systematic review and meta-analysis of the Patients' Attitudes Towards Deprescribing questionnaire found that: (Weir et al. Consumer attitudes towards deprescribing: A systematic review and meta-analysis. J Gerontol A Bio Sci Med Sci. 2021)
 - Overall, participants were willing to have a medication deprescribed if their doctor said it was possible (84%, 95% CI 81 - 88%)
 - But 56 - 92% reported all their medications were necessary and only 8-38% reported that any of their medications were no longer needed

My work: patients' preferences in the context of polypharmacy and deprescribing

- STUDY 1: Qualitative study, 30 patients and 15 of their carers
 - Older patients' attitudes towards, and experiences with medicines and deprescribing
(Weir et al, Decision-making preferences and deprescribing: perspectives of older adults and companions about their medicines. Jour of Geront: Series B 2018)
- STUDY 2: Qualitative study, 32 GPs
 - How GPs prioritise medications and how they discuss patients' goals and preferences
(Weir K et al, The role of older patients' goals in GP decision-making about medicines: a qualitative study. BMC Fam Prac, 2021)
- STUDY 3: Mixed methods study, 11 pharmacists, 17 patients and carers
 - The development and implementation of a communication tool to support the involvement of older patients in medication reviews
(Weir K, et al. Pharmacists and patients sharing decisions about medicines: Development and feasibility of a conversation guide. Res Social Adm Pharm 2019)



- Some patients were unaware they could have input

- Concerned about side effects
 - Trade-offs varied amongst patients
- Vignette looked at quality of life versus length of life

"And was worried about falling. Well naturally you'd reduce it couldn't you?"

"that would be a very hard question to answer... I don't know. I really don't know... I'm not faced with that and so I don't know what... er... I think... they're both important, quality and length. I, I, I think length would win in the, in"

"No good having a slightly better quality of life and then snuffing it for... because you have a stroke or something."

STUDY 1

STUDY 2



Eliciting patients' goals/preferences is important, but in practice there's variation

- Encourage a "paradigm shift" for patients to be more involved
 - Assumed they know
 - Don't have time to ask

Individual patient goals don't exist, only universal ones

"I think [patient] goals are to have their symptoms relieved ... and to live as long as possible ... And that's the universal goals of anybody. So talking about different patients having different goals, I don't know if that's a real-world issue" (ID25)

Patient typology



	<i>Attached to medicines</i>	<i>Would consider deprescribing</i>	<i>Defers to others</i>
<i>Medicine attitudes</i>	 <ul style="list-style-type: none">• Attached to and highly values medicines	 <ul style="list-style-type: none">• Ambivalent to medicines• Values benefit, dislikes side effects and hassle	 <ul style="list-style-type: none">• Does not give medicines much thought• Mildly positive
<i>Openness to deprescribing</i>	<ul style="list-style-type: none">• Negative attitudes to deprescribing (from disinterested to resistant)	<ul style="list-style-type: none">• Willing to consider• Informed and aware of options	<ul style="list-style-type: none">• Unaware that deprescribing is an option• Prefers to defer decision
<i>Preference for decision making</i>	<ul style="list-style-type: none">• High trust in doctor• Prefer to be informed but guided by doctor	<ul style="list-style-type: none">• Proactive patient• Preference for shared decision making	<ul style="list-style-type: none">• Prefers to defer decision to doctor or companion

STUDY 1

Communication strategies



	<i>Attached to medicines</i>	<i>Would consider deprescribing</i>	<i>Defers to others</i>
			
<i>Medicine attitudes</i>	<ul style="list-style-type: none"> Attached to and highly values medicines 	<ul style="list-style-type: none"> Ambivalent to medicines Values benefit, dislikes side effects and hassle 	<ul style="list-style-type: none"> Does not give medicines much thought Mildly positive
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STUDY 1

Participant type 1

- Discuss a timeframe for medications
- Use opportunities to bring up deprescribing
- Address emotions, fears, concerns

Participant type 2

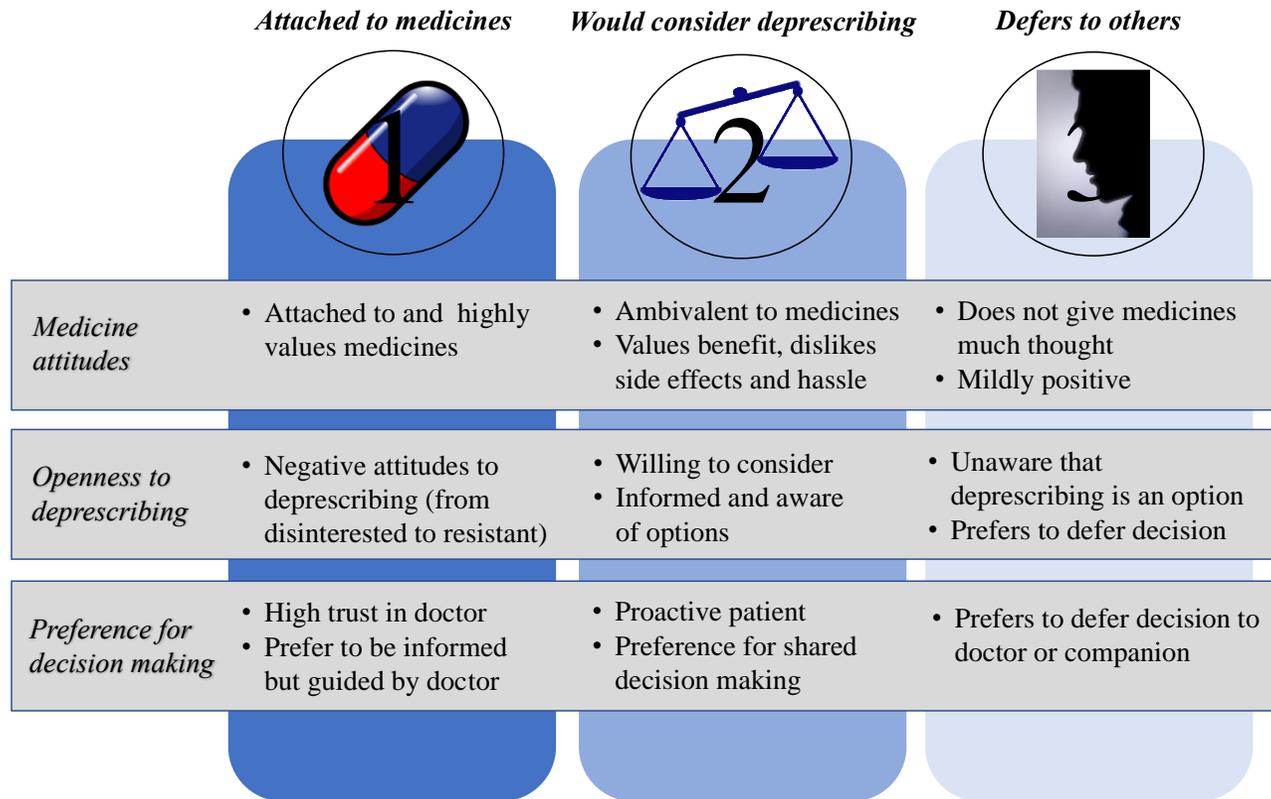
- Not starting a medication is an option
- Embrace and discuss uncertainty
- Review medications and revisit decisions

Participant type 3

- Use open questions and empathic responses
- Discuss potential harms of medications
- Identify opportunities for deprescribing

Teach-back

Current/future work



- Quantification of the patient typology
- Tested in an online experimental study conducted in Australia, the US, UK and NL (n=4,000+)
- International survey study (Streit et al) will be conducted in 11 countries

STUDY 1



Patients' preferences in the context of polypharmacy and deprescribing

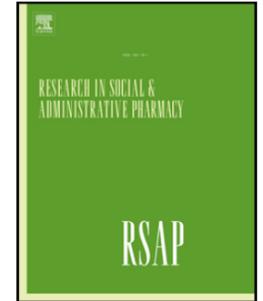
- To enable shared decision-making and engaged communication, health care professionals need to adapt their communication about polypharmacy based on their patients' attitudes to medicines and preferences for involvement in decisions
- Health care professionals could use this information to tailor their communication with patients
- Improving communication about deprescribing has the potential to lead to improved outcomes for patients by reducing medication-related harm



Contents lists available at [ScienceDirect](#)

Research in Social and Administrative Pharmacy

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Pharmacists and patients sharing decisions about medicines: Development and feasibility of a conversation guide



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STUDY 3

Medicines Conversation Guide



Medicines Conversation Guide

This guide is designed to facilitate an engaged discussion with older patients taking multiple medicines about their goals, preferences and priorities in relation to their medicines.

Set up the conversation

- Introduce purpose
- Expectations
- Information preferences

What are your thoughts about where you are with your health?

What do you hope will be achieved by reviewing the medications you are taking?

Are you interested in hearing much information about your medicines?

PROMPT: From me or your doctor? Some patients like to know as little or as much as possible.

Explore key topics

- Goals
- Activities and function
- Fears and worries
- Side effects

What is the most important thing for you now?

PROMPT: Or in the near future? Are your medicines helping with this?

What activities are important to your life?

PROMPT: Do your medicines fit in with this?

What are your biggest fears and worries about your health?

What medicines are helping you feel better right now?

PROMPT: Do medicines help with your day-to-day symptoms?

Do you have any concerns about your medicines?

PROMPT: About side effects?

PROMPT: About taking multiple medicines?

Check Cognitive Burden

I just want to make sure I'm not overburdening you with too many questions?

Make trade-offs

- Making changes
- Side effects/burden

How do you feel about making changes to your medications?

Now we are going to work out what matters most to you, because different people value different things.

PROMPT: If patient has unwanted side effects:

- Some people think side effects such as aching muscles aren't a big deal
- Some people hate having even mild side effects PROMPT: If patient has a high drug burden:

- Some people think taking medicines every day is a hassle

- Some people are happy to take medicines

- How much are you willing to accept side effects/hassle of taking medicines?

PROMPT: For the possibility of staying healthier/living longer in the future?

Close the conversation

- Summarise goals/priorities/medicines

Is your GP aware of what's most important to you?

I've heard you say that ____ is really important to you. Keeping that in mind, I'm going to summarise your goals/priorities/medicines...

PROMPT: How much does your family know about your health priorities?

- A shared decision-making tool to be used by a pharmacist as part of Home Medicines Reviews (HMR) with older adults experiencing polypharmacy
- Training videos, additional resources, templates

<http://hdl.handle.net/2123/18330>



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STUDY 3

Medicines Conversation Guide adapted from Serious illness Conversation Guide

Developed to support communication at end-of-life where goal-concordant care and communication about values and preferences is important.

Adapted by removing any specific reference to prognosis and end-of-life care and revised some content to focus on medicines.

Informed by:

Framework shared decision making
deprescribing (Jansen et al., 2016)

Systematic review decision aids older people
(van Weert et al., 2016)

Qualitative interviews patients and companions
(Weir et al., 2017)

STUDY 3

Medicines Conversation Guide



Explore key topics

- Goals
- Activities and function
- Fears and worries
- Side effects

What is the **most important** thing for you now?

PROMPT: Or in the near future? Are your medicines helping with this?

What **activities** are important to your life?

PROMPT: Do your medicines fit in with this?

What are your biggest **fears and worries** about your health?

What medicines are helping you **feel better** right now?

PROMPT: Do medicines help with your day-to-day symptoms?

Do you have any **concerns** about your medicines?

PROMPT: About side effects?

PROMPT: About taking multiple medicines?

Quantitative survey

Positive themes

- Format acceptable, flexible, right length
- Successful integration of questions into medication review
- Potential positive outcomes - improve medication review

Negative themes

- Understandability of some questions
- Concepts may be difficult for patients to grasp
- Concerns medication reviews unsuitable to these types of discussions



Key benefits

- Pharmacist

- Introduced new concepts (goals and preferences) that focused the medication review on the patients' experience
- Useful and acceptable addition to a medication review

- Patient

- Encouraged a more holistic view on health
- Opportunity to vocalise and discuss their concerns

Summary

- The importance of patient involvement in all aspects of medication management is key
- It would be impossible to identify medication problems, conduct a medication review, to optimise a medication regimen without a patient's involvement
- There will always remain a tension among time, cost, and the need for care that puts the patient at the centre
- Recognise the need to allocate resources to develop and test more patient-centric approaches
- Important to bridge the gap between research and clinical practice

Thank you!

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What is teach-back?

- A person is asked to “teach-back” what they have learned during the interaction.
- A person uses their own words to explain what they need to know about their problem or issue, or what they need to do to solve it

For example:

“I want to make sure I explained everything clearly to you.
Can you please explain it back to me in your own words?”

Ways to ask Teach-back

Examples:

I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?

What will you tell your partner about how to give the medicine to your child?

We've talked a lot about how you can increase your physical activity. Please go over what we talked about in your own words.

Just to make sure I haven't missed any important points, could you explain back to me how you are going to manage [night weaning]?

So I can be sure I have covered everything, could you just run through what you will do with this medicine when you are at home?