

Barriers and facilitators to deprescribing in primary care for patients with multimorbidities and polypharmacy: a systematic review

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BACKGROUND:

- Polypharmacy within adults with multimorbidities is a significant challenge for global healthcare systems (1).
- Previous reviews have not fully explored the different **cultural, organisational, interpersonal** and **individual**-level barriers and facilitators to safe deprescribing in patients with multimorbidities and polypharmacy in primary care (2).
- Using a socio-ecological approach, this review aimed to identify the barriers and facilitators to safe deprescribing for adults with multimorbidities and polypharmacy in primary care settings.
- This work is linked to **UN Sustainability Development Goal 3 'Good health and well-being', Target 3.8 – 'Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'**.

METHODS:

A systematic review of studies published in 2000 - 2019 examining barriers and facilitators to safe deprescribing interventions for patients with multimorbidities and polypharmacy.

RESULTS:

40 studies from 14 different countries were included in the review. The review found complex cultural, organisational, interpersonal and individual level barriers to deprescribing in patients with multimorbidities and polypharmacy in primary care, and suggested facilitators to address these:

	BARRIERS	FACILITATORS
 CULTURAL	<ul style="list-style-type: none"> • Prescribing culture – diagnosis and prescribing new medications • Lack of non-pharmaceutical alternatives 	<ul style="list-style-type: none"> • A prudent prescribing culture
 ORGANISATIONAL	<ul style="list-style-type: none"> • Single disease focused evidence-base and guidance • Lack of guidance on interactions of different medications • Insufficient tools and resources 	<ul style="list-style-type: none"> • Better evidence-based multimorbidities guidance
 INTERPERSONAL	<ul style="list-style-type: none"> • Fragmented care • Prescriber uncertainties • Reluctance to cease medication started by another specialist. • Fears about the adverse affects of stopping a medication 	<ul style="list-style-type: none"> • Improved communication between patient, doctor and other health and social care providers • Continuity of care • Closer collaboration between pharmacists, GPs and other interdisciplinary services
 INDIVIDUAL	<ul style="list-style-type: none"> • Patient may not want to cease long-term medications • Patients put trust in their doctor and may have attitude of "doctor knows best" • Patient may have cognitive impairment and be reliant on the support of others 	<ul style="list-style-type: none"> • Improved prescriber and patient awareness, understanding and knowledge • Patient centred care and patient involvement in decision-making • Patient wanting to take fewer medications

CONCLUSION

A whole systems patient-centred approach to safe deprescribing interventions is required, involving key decision-makers, healthcare professionals, patients and carers.

REFERENCES:

(1) World Health Organisation. Medication Without Harm – Global Patient Safety Challenge on Medication Safety. 2017. [Available from: <https://apps.who.int/iris/bitstream/handle/10665/255263/WHO-HIS-SDS-2017.6-eng.pdf>] Accessed 04.12.19.
 (2) Sinnott C, McHugh S, Browne J, et al., GPs' perspectives on the management of patients with multimorbidity: systematic review and synthesis of qualitative research. *BMJ Open*. 2013;3:e003610.

Whole-systems based changes are needed for safe deprescribing in patients with multimorbidities and polypharmacy.



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