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

Produced by the Health Technology Group, UCLan / NIHR ARC NWC MIDAS Theme

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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**

- Prescribing culture diagnosis and prescribing new medications
- Lack of non-pharmaceutical alternatives

# **FACILITATORS**

A prudent prescribing culture



**ORGANISATIONAL** 

Single disease focused evidence-base and guidance

 Lack of guidance on interactions of different medications

Fears about the adverse affects of

Insufficient tools and resources

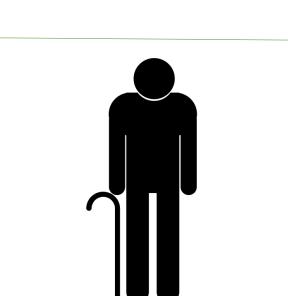
Prescriber uncertainties

by another specialist.

stopping a medication

Fragmented care





- Patient may not want to cease long-term medications
  - Patients put trust in their doctor and may have attitude of "doctor knows best"

Reluctance to cease medication started

Patient may have cognitive impairment and be reliant on the support of others

guidance

Better evidence-based multimorbidities

- Improved communication between patient, doctor and other health and social care providers
- Continuity of care
- Closer collaboration between pharmacists, **GPs** and other interdisciplinary services
- Improved prescriber and patient awareness, understanding and knowledge
- Patient centred care and patient involvement in decision-making
- Patient wanting to take fewer medications

### CONCLUSION

**INDIVIDUAL** 

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

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polypharmacy.



\* These authors are part-funded by NIHR ARC NWC

