



Background

Problematic polypharmacy – where multiple medicines are prescribed inappropriately or benefit is not realised – is prevalent and can compromise patient safety leading to adverse drug reactions and events, and high care costs [1-3]. Patient-centred deprescribing resources are needed to aid deprescribing implementation and tackle problematic polypharmacy [4].

Aim: To co-design deprescribing resources that aid the implementation of safe and routine deprescribing in primary care.

Methods

Community-dwelling patients aged ≥65 years taking ≥5 medicines, community pharmacists, primary care pharmacists and GPs were invited to co-design workshops. Two online workshops were conducted using Microsoft Teams® and Miro® boards and were supported by a Patient and Public Involvement representative.

The first workshop involved briefing participants on the research, followed by idea generation using a Miro® Sticky note board. Potential resources identified were collated and two chosen to be developed. These were questions patients could ask to initiate conversations on medicine necessity, and an intervention where community pharmacies act as a deprescribing safety net.

The second workshop used Miro® storyboards to further understand and develop how the chosen resources would aid the implementation of routine and safe deprescribing in primary care.

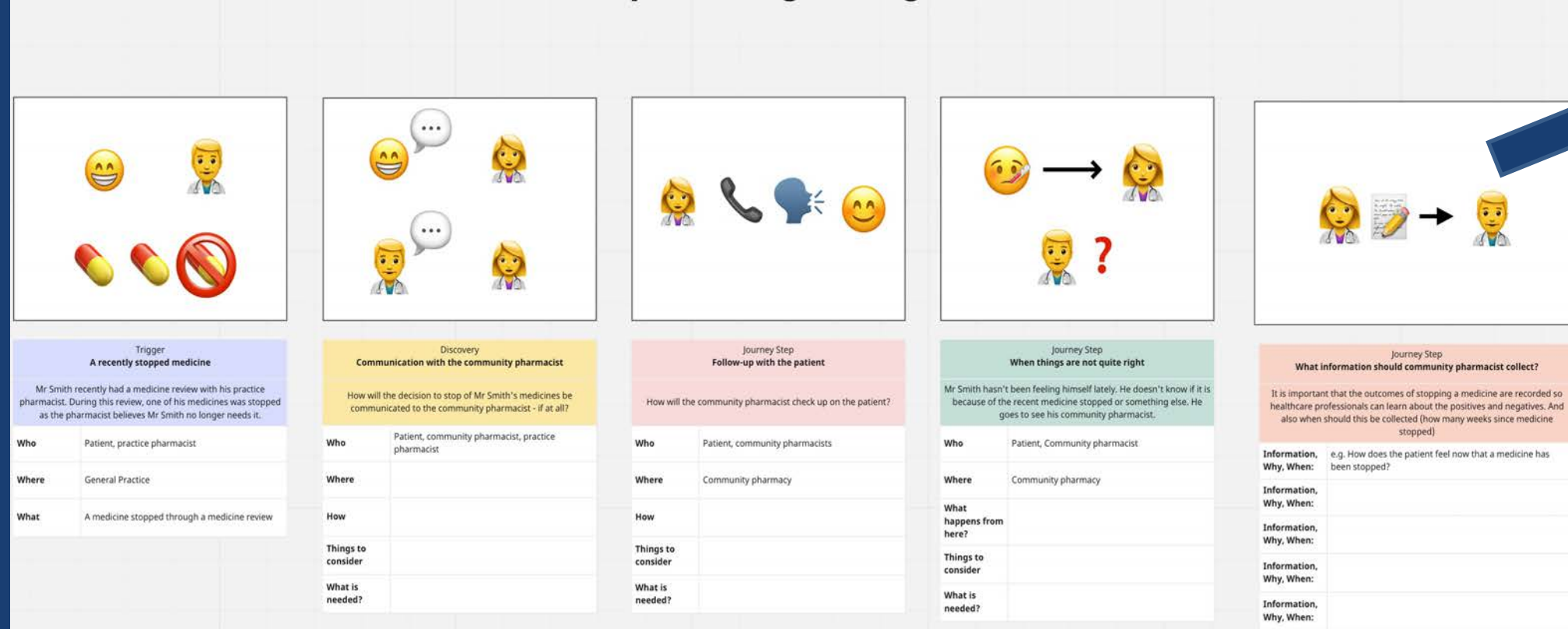


Results

Participants developed five questions patients could ask to initiate conversations on medicine necessity without being perceived as challenging healthcare professionals. Two additional questions, to be asked during medicine reviews, were developed to help patients set an agenda of medicine necessity during reviews.

A storyboard detailing how community pharmacies can act as a deprescribing safety net was produced. This was adapted into a Real World Logic Model highlighting how the intervention and the context it operates in leads to the hypothesised outcomes [5]. This describes the current macro context, the required meso and micro contexts, the implementation strategy, intervention mechanisms and outcomes. Normalisation Process Theory was applied to the model to explain which aspects of the intervention benefits the normalisation potential of the intervention.

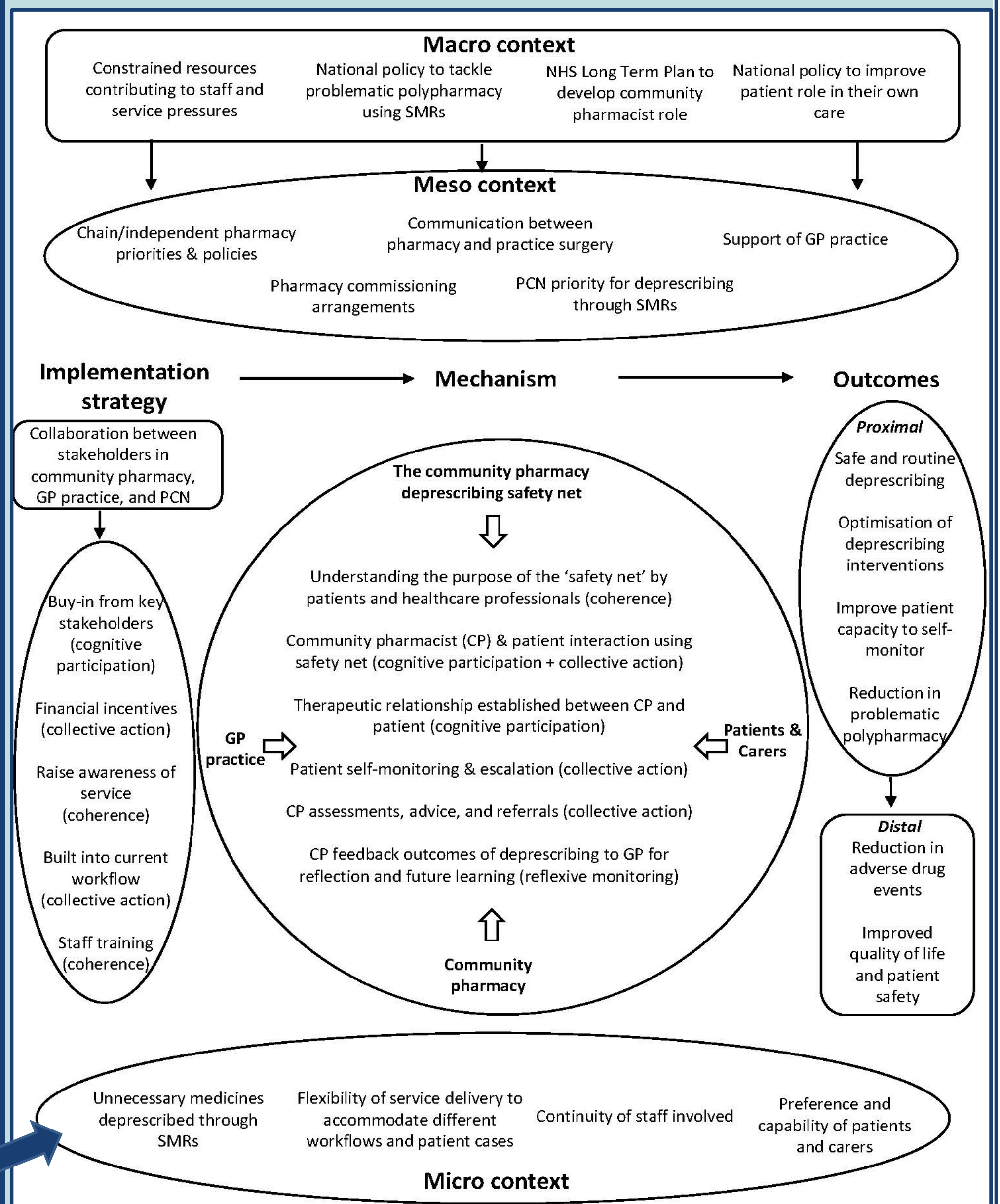
2. Storyboard - The community pharmacy safety net.



Medicine Necessity Questions

- 1) Do I still need [medicine name]? Why am I on it still?
- 2) Are you the right person to ask if I still need all of these medicines? and is this the right time to talk about this?
- 3) Why am I taking this medicine?
- 4) I'm thinking of stopping this medicine, what would happen if I stop this now and in the long term?
- 5) Can I have a word with you about my medicines? - because I think I might not need all of these/I'm fed up with taking all these tablets
- 6) During a medicine review: Do I still need [medicine name], why am I on it still? - to ask for each medicine on repeat prescription list
- 7) At the start of a medicine review: I wonder if we can talk about things that worry me - I think I'm on too many medicines, I'm not sure if I need them all, could I stop something?

Real World Logic Model



Conclusion

Questions were developed to empower patients to raise the issue of medicine necessity, and a logic model demonstrating the potential of community pharmacists to act as a deprescribing safety net were developed to aid safe and routine deprescribing in primary care. Future work should focus on the feasibility of using these outputs within primary care and its effect of deprescribing related outcomes.

References

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