

How to reduce medications in older generations

November 27 2017, by Elliott Richardson

New research published today in the *Journal of Gerontology* has developed new ways to characterise older people who take multiple medicines and those who are open to "deprescribing", a process where medicines are reviewed in order to reduce or stop less effective medicines.

Lead researcher from the University of Sydney's School of Public Health, Kristie Weir, says; "Polypharmacy (multiple medications) in the older population is increasing and can be harmful. It can be safe to reduce or carefully cease medicines (deprescribing), but a [collaborative approach](#) between patient and doctor is required."

"Deprescribing isn't new, but there has been a recent explosion of research in this area showing how it can be done safely and in collaboration with patients. We provide a novel approach to describe these differences between [older people](#) who are happy to take multiple medicines, and those who are open to deprescribing.

"Ultimately, considering these variations in attitudes towards medicines and openness to deprescribing could improve communication between clinicians and their patients.

"We categorized three distinct types of people which could help guide the type of advice given by clinicians to older patients when discussing the issues around taking multiple medicines," she says. "Recognising these three types of patients can help clinicians tailor their

communication approaches," she says.

Type one:

People who are resistant to deprescribing and are very attached to their medications as they are perceived as highly important to their wellbeing. This group like to be informed but ultimately preferred to leave decisions about medicines to their doctor.

Type two:

These people indicated they were open to deprescribing and preferred an active role in decision making to share responsibility with their doctor. They would consider deprescribing and said they didn't like the idea of completely relying on medications to stay healthy. This group have mixed attitudes towards medicines, valuing their benefit but disliking the side effects and hassle of taking them.

Type three:

People who were less engaged in [decision making](#), most deferred decisions about medicines to their doctor or companion. The people in this group had [chronic health conditions](#) and as such were taking a large number of medicines. They often didn't give much thought to medicines and are commonly unaware deprescribing is an option but were open to deprescribing if their doctor recommended it.

"This research shows that [doctors](#) should tailor communication to individual older people who are taking multiple medicines in order to provide the best level of care," says Ms Weir.

"For some patients it might be that you need to help them think a bit

more about their medicines and educate them more. Whereas for others, who were already aware of what medicines they were taking, identifying preferences and goals would be appropriate.

"We need to develop ways to support [clinicians](#) and [patients](#) to have these important but challenging conversations," she says.

Provided by University of Sydney

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