

Geriatricians, internists, and cardiologists surveyed about deprescribing

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As you grow older, you're more likely to develop health conditions that require taking multiple medications—some of which you may take for a long time. Many older people also take over-the-counter (or "OTC") medications, vitamins, or supplements as part of routine care. As a result, older adults have a higher risk of overmedication, also known as "polypharmacy"—the medical term for taking four or more medications at the same time. Polypharmacy can increase your chances of unwanted reactions (also called "adverse drug reactions") due to medications taken on their own or together.

To address this increasingly common problem, [healthcare providers](#) are focusing on how to reduce the number of medicines [older adults](#) are using through a practice called "deprescribing," which is when health professionals work with patients to decide to stop the use of one or more medications for which the benefits no longer outweigh the potential harms.

Getting both patients and health professionals on board with deprescribing can be key to its success, however. In order to learn more about physicians' attitudes and approaches to deprescribing medications for older adults, a team of researchers designed a survey. They published their investigation in the *Journal of the American Geriatrics Society*.

The researchers aimed to learn how frequently physicians from different specialties said they deprescribed cardiovascular medications (drugs for heart conditions) in their practices. Cardiovascular medications, such as

[blood thinners](#) and medications for lowering blood pressure and cholesterol, are among the most commonly prescribed [medication](#) classes in the United States. Although the benefits of these medications for reducing heart attacks and stroke are proven, these treatments also have contributed to rising rates of polypharmacy and adverse drug events in older adults.

The research team was interested in learning why different specialists deprescribed some of these medications, and what difficulties they faced when they did so. The researchers also wanted to know about the priorities different specialties considered when deprescribing. The research team surveyed 750 geriatricians, [general internists](#), and cardiologists.

The response rate to the survey was 26 percent for geriatricians, 26 percent for general internists, and 12 percent for cardiologists.

Over 80 percent of the physicians who responded reported that they had recently considered deprescribing a cardiovascular medication. Adverse drug reactions were the most common reason cited by all the specialties for deprescribing a drug.

Barriers to deprescribing were shared across specialties. One concern was about interfering with another physician's treatment plans, since some medications may be prescribed or recommended by several different providers who don't always work together. Another concern was patient reluctance to stop taking prescribed medications.

A majority of geriatricians (73 percent) said they might deprescribe a medicine that was not expected to benefit patients who had a limited life expectancy. This is compared to 37 percent of general internists and 14 percent of cardiologists.

More geriatricians (26 percent) reported concerns about cognition (the ability to think and make decisions) as a reason for deprescribing, compared to 13 percent of general internists and nine percent of cardiologists.

The researchers concluded that their survey showed that geriatricians, general internists, and cardiologists frequently consider deprescribing cardiovascular medications. They noted that successfully implementing patient-centric deprescribing will require improved communication between all physicians and their patients. "We hope our study will contribute to advancing deprescribing as a patient-centered strategy that can improve the safety of medication prescribing practice and improve the wellbeing of older adults," said the researchers.

More information: Parag Goyal et al, Physician Perspectives on Deprescribing Cardiovascular Medications for Older Adults, *Journal of the American Geriatrics Society* (2019). [DOI: 10.1111/jgs.16157](https://doi.org/10.1111/jgs.16157)

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