

Q&A: Why patients say they want to take fewer prescription meds, but won't when offered

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A majority of older adults in multiple national surveys have reported a

willingness to take fewer medications, but a University of Michigan study explores why many would not agree to stop a medication when recommended by their primary care doctor.

The contradiction and how doctor-patient communication comes into play is the subject of [a study](#), "Factors Important to Older Adults Who Disagree With a Deprescribing Recommendation," published online in *JAMA Network Open*.

The study, co-authored by Sarah Vordenberg, clinical associate professor at U-M's College of Pharmacy, looks at polypharmacy, a global [health](#) issue affecting [older adults](#) who may be taking unnecessary or harmful medications, even shortening their lives.

It is estimated that 4 in 10 older adults take five or more [prescription medications](#), a rate that has tripled in the last 20 years. Nearly 20% take 10 drugs or more.

The new report delves deeper into findings from a [previous study co-authored by Vordenberg](#) and published earlier this year. That study included more than 5,000 people 65 and older from the United States, Australia, Netherlands and the United Kingdom. The current report analyzed responses of about 900 of those survey participants and documented their reasons for hesitating to deprescribe.

Vordenberg discusses her findings.

Why is polypharmacy a public health concern?

This is an important public health issue because too many medications can cause harm such as adverse effects from medications, worse health and increased [health care costs](#).

What were the primary reasons stated for disagreeing with stopping a prescription medication?

Our study focused on older adults who disagreed with a hypothetical deprescribing recommendation. We asked participants to write a short reason for why they disagreed with the recommendation and then we analyzed this information. About 40% of older adults expressed doubts about deprescribing, such as fear that their symptoms or health would worsen without the [medication](#) or other concerns or fears about the medication being stopped.

Did older adults share any thoughts about how these concerns could be addressed?

One-quarter of the participants who disagreed with deprescribing reported that they would want more information before making a decision. In addition, 15% of participants recommended specific alternative strategies such as wanting a second opinion or laboratory testing.

This study scratches the surface of the issue, I assume. What more needs to be learned and what are the top takeaways?

Older adults who have significant concerns about deprescribing are not well represented in deprescribing clinical trials. With this study, we have increased our understanding of older adults' concerns about deprescribing and heard older adults' ideas about additional support that they may be helpful. More work is needed to determine how to efficiently identify patient concerns in routine clinical practice and implement the suggested strategies so that the discussion between the

PCP and patient can align with what's most important to the patient.

It sounds like a bottom line for supporting patients who may be taking medications they don't need is adjusting doctor-patient communication. How does that happen?

My collaborator on this study, Kristie Weir, and I are working with a broader group of international researchers to study how to improve communication between patients and [health care professionals](#) about deprescribing in clinical practice. It is challenging because there are often many topics to discuss during a brief medical visit. Therefore, our work is focusing on how to prioritize information that matters to older adults so that they can work with their health care professional to decide whether continuing, deescalating or stopping the medication is the best choice for them.

Study co-authors are Kristie Rebecca Weir, University of Sydney; Jenny Shang, Jae Choi and Ruchi Rana, U-M College of Pharmacy.

More information: Kristie Rebecca Weir et al, Factors Important to Older Adults Who Disagree With a Deprescribing Recommendation, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.37281](#)

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