

Project Funding 2016/17

«Research projects for Multimorbidity»

The award of CHF 50'000.-- is granted to the following project:

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Abstract

Background:

Multimorbidity and polypharmacy has become the norm for general practitioners (GPs). Ideally, GPs should systematically search for inappropriate medication use and, if necessary, deprescribe. However, it is a major challenge for GPs to deal with polypharmacy and deprescribe given time constraints and little backup from guidelines. Further, barriers and enablers to deprescribing among patients have to be accounted for.

Aim:

To identify barriers and enablers to willingness to deprescribe in older patients with multimorbidity and polypharmacy.

Hypotheses:

Our hypothesis is that patients' willingness to deprescribe is associated with barriers due to concerns about the effect of stopping medications, and with enablers severity of polypharmacy and questionable appropriateness of medication as evaluated by patients.

Design:

Cross-sectional study in primary care patients in Switzerland.

Methods:

We will include 500 patients aged ≥65 years with multimorbidity and polypharmacy to respond to a paper/online survey. Patients will be recruited through 100 GPs recruiting 5 patients each. The sample of GPs will be derived from an existing sample of 300 Swiss GPs that were recruited for a previous study identifying treatment variation in multimorbid oldest-old with hypertension and noticed their interest to participate on future studies. We will use an already developed questionnaire (revised Patients' Attitudes Towards Deprescribing, rPTAD) that was validated in primary care settings to assess patient's willingness to deprescribe and to identify barriers/enablers to their willingness to deprescribe, such as concerns about the effect of stopping medications, severity of polypharmacy, and questionable appropriateness of medication. Additional questions to identify barriers and ena-

blers will be added based on the results of a recent systematic review about deprescribing. The association between barriers/enablers (exposure) and the willingness to deprescribe (outcome) will be assessed by cross-tabulation and by using mixed-effects logistic regression models accounting for the correlated nature of data among GPs with adjustment for patients' age, sex, number of chronic medications and comorbidities, personal involvement in medication self-management, help in medication use, living status, and level of education.

Relevance of the project:

Knowing enablers and barriers of the willingness to deprescribe in older patients with multimorbidity and polypharmacy will directly help GPs and General Internists in Switzerland to optimise the process of deprescribing in patients with polypharmacy. Future studies could tailor interventions using enablers and tackling with barriers. These findings together with upcoming deprescribing trials in Switzerland will change the way we manage polypharmacy especially in the oldest-old and frail individuals and may improve their overall health, reduce adverse effects, and eventually reduce the burden on the health care system.

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