

Can't Stop Won't Stop: Barriers to Deprescribing in the Acute Care Setting

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Background

- Polypharmacy is an important issue in elderly patients as it is associated with increased medication errors, non-adherence and adverse drug events
- Deprescribing potentially inappropriate medications (PIMs) can decrease polypharmacy within this population
- To date there is minimal literature around deprescribing in the acute care setting to support clinicians

Objectives

Primary

- Identify clinician perceived barriers to deprescribing potentially inappropriate medications

Secondary

- Assess possible solutions to overcome these barriers

Methods

Design:

- Prospective, mixed-methods study consisting of a systematic review and a web-based survey

Setting:

- Vernon Jubilee Hospital between Jan 2020-Mar 2020

Inclusion Criteria:

- Pharmacists, nurse practitioners, hospitalists and general practitioners with hospital privileges

Exclusion Criteria:

- Part-time, casual employees, and locums

Systematic Review Study Selection

Databases: PubMed, EMBASE, MEDLINE/CINAHL, COCHRANE, and PsycINFO

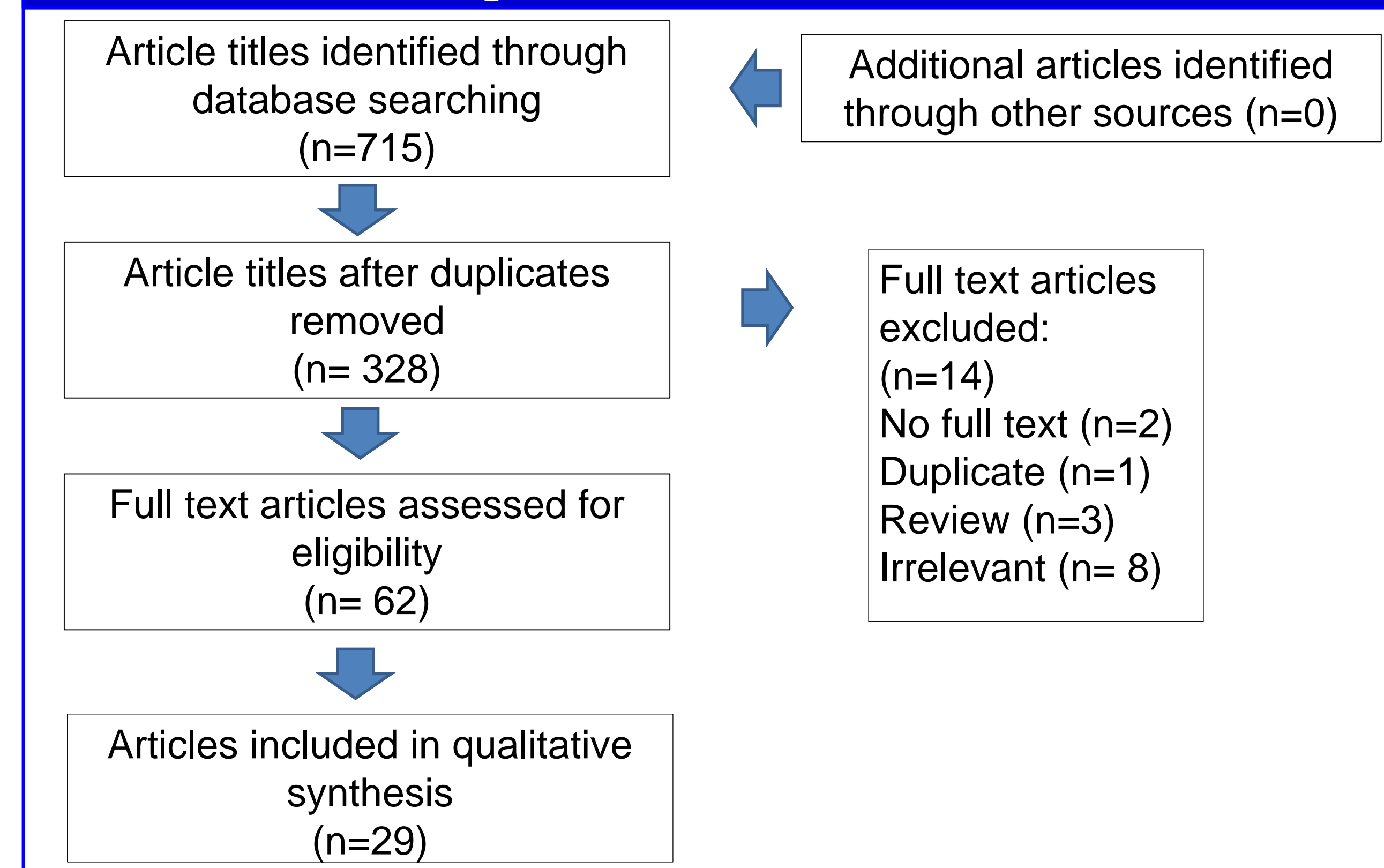
Search terms: deprescribe, deprescription, barrier, challenge, issue, difficult, enable, facilitate, promote, encourage, discourage

Inclusion: cohort trials, cross-sectional studies, surveys and semi-structured interviews that assessed clinician perceived barriers to deprescribing inappropriate medications

Exclusion:

- Studies that did not include physician, pharmacist or nurse practitioner opinion
- Narrative reviews, editorials, and abstracts

Results - Flow Diagram



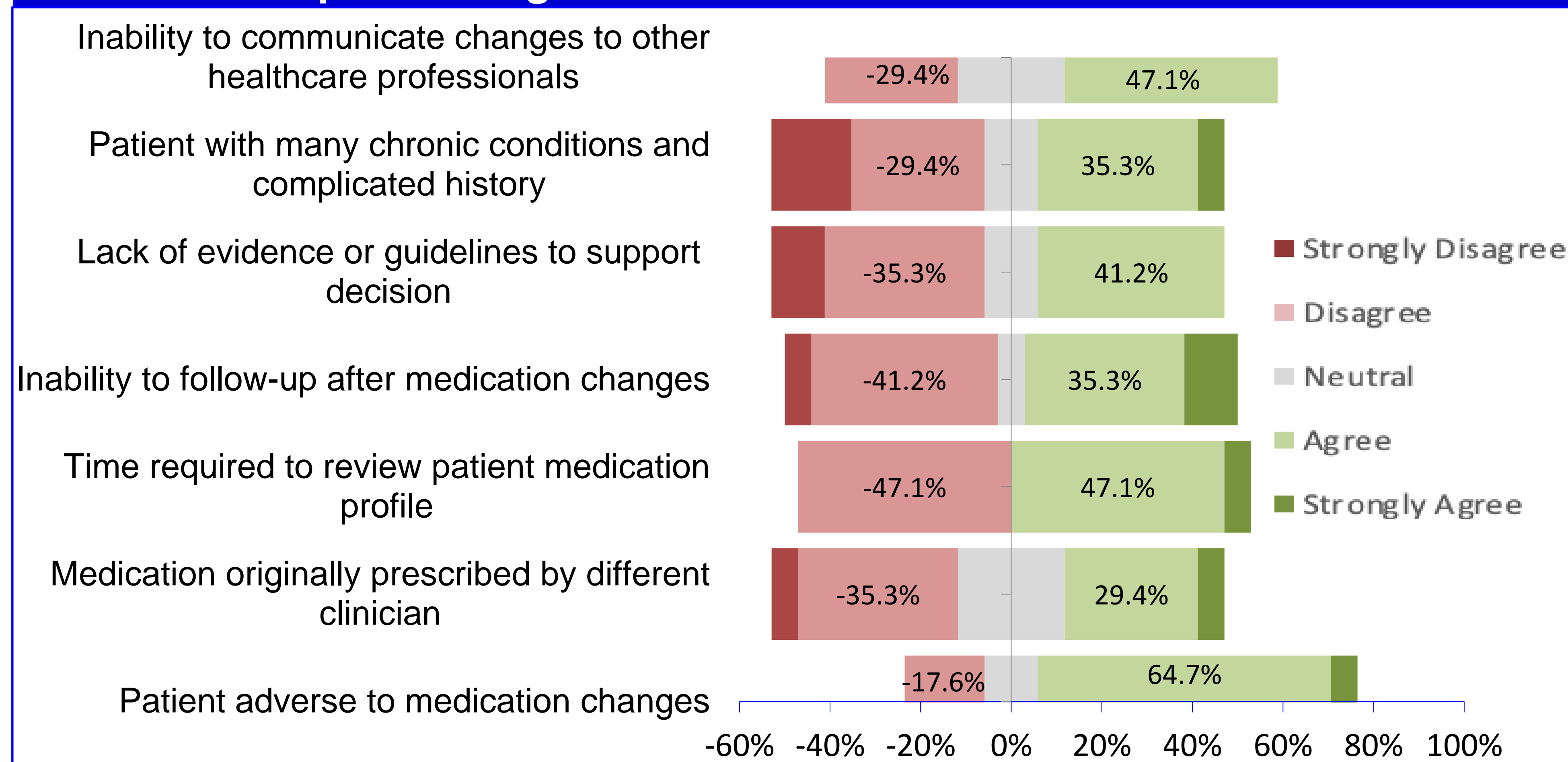
Systematic Review Results (n=29)

Centers for Data Collection (%)			
Acute Care	Long Term Care	Primary Care	
6.9	62.1	37.9	
Healthcare Professionals Polled (%)			
Physician	Nurse Practitioner	Pharmacist	
96.6	20.7	27.6	
Study Type (%)			
Observational		Qualitative	
Cohort	Cross-Sectional	Survey	Focus Groups
3.5	0.0	13.8	86.2
Barriers Identified (%)			
Knowledge-related		89.7	
Patient-related		86.2	
Feasibility		86.2	
Personal Factors		72.4	
Communication		65.5	
Cultured-related		51.7	
Relationships		41.4	

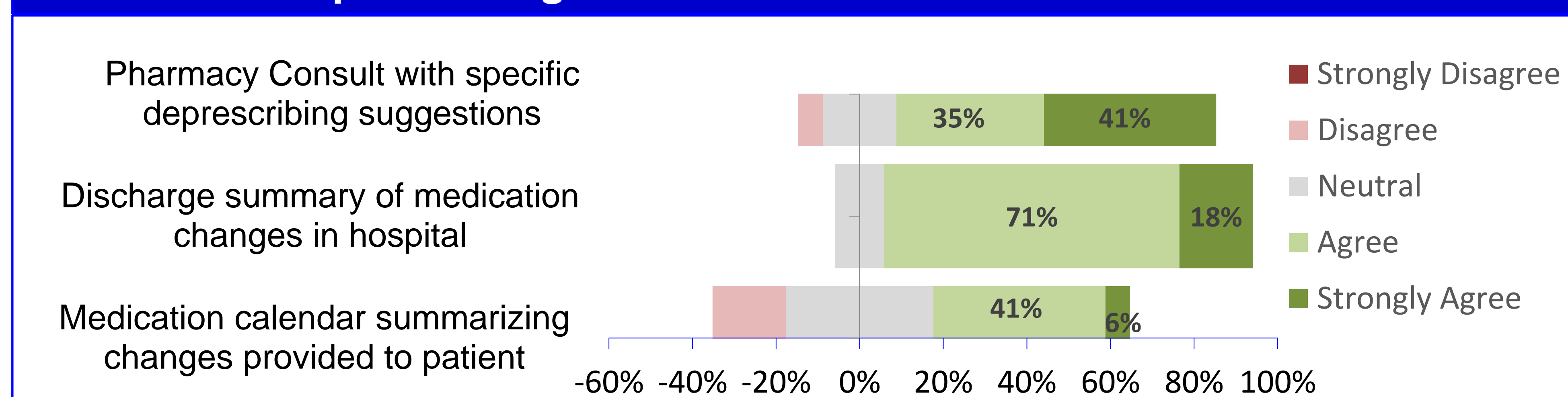
Survey Baseline Characteristics (n=17)

Age (%)				
30-39	40-49	50-60		
52.9	29.4	17.7		
Profession (%)				
Nurse practitioner	Hospitalist	GP with privileges	Pharmacist	
5.9	29.4	17.7	47.1	
Years working in respective field				
< 5	5-9	10-14	15-20	> 20
17.7	35.3	11.8	17.7	17.7

Barriers to Deprescribing



Enablers to Deprescribing



Discussion

The systematic review identified a total of 715 articles for review, with 29 articles included in the qualitative synthesis. The majority of studies were focus groups and were conducted in long term care facilities and primary care clinics. Physicians were the most prevalent healthcare worker. The predominant barriers to deprescribing were: knowledge gaps, patient preference or feasibility. The survey included 17 acute care clinicians made up of: pharmacists (47%), physicians (47%) and nurse practitioners (6%). The most agreed upon barriers to deprescribing among clinicians were: patient adversity to change (71%), inability to communicate (49%), and feasibility issues (47%). These results align with those of previous studies and highlight the importance of communication. The most agreed upon enablers to deprescribing were pharmacy consults with specific deprescribing suggestions and discharge summaries of medication changes while in hospital. Future studies are needed to evaluate the efficacy and feasibility of these enablers.

Conclusions

The perceived barriers to deprescribing in acute care are similar to that reported in primary care settings. The most prevalent barriers to deprescribing in acute care are: patient-related, feasibility-related and communication related. From the survey respondents in acute care, two possible enablers to deprescribing are: pharmacy consults with deprescribing recommendations and discharge summaries of medication changes while in hospital.

