

Supporting conversations about medicines and deprescribing: GPs' perspectives on a Medicines Conversation Guide

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Abstract

Objectives To explore GP perspectives on a Medicines Conversation Guide to support deprescribing communication.

Methods Semistructured interviews with GPs from Australia ($n = 32$). Participants were purposively sampled with varying experiences and locations. Transcribed audio recordings of interviews were coded using framework analysis.

Key findings Most GPs stated they would use the Guide in consultation with an older patient to discuss medications. The strengths of the Guide included empowering the patient voice on an important topic. Limitations included time and complex concepts.

Conclusions Overall, the Medicines Conversation Guide was perceived by GPs to be a useful communication tool to support discussions about deprescribing with patients.

Keywords: Deprescribing; communication; older adults; medications; decision making

Introduction

Deprescribing can be an appropriate intervention when a person's medications shift towards an unfavourable benefit-to-harm ratio due to changes in an older adult's medications, health conditions, preferences and treatment goals.^[1] To elicit an individual's preferences and to understand their goals of care, it is essential to engage older adults in discussions about deprescribing and to prioritise shared decision-making. However, many older adults do not realise they can have a say in discussions about their medicines, they may also be hesitant to ask questions or to express a lack of understanding.^[2]

Previous research has shown that an older person's preferences and attitudes towards their medicines influence how important they perceive their medicines to be and how willing they are to stop them.^[3] Older adults often hold ambivalent attitudes in that they may express a willingness to reduce their medicines while perceiving all their medicines as beneficial and necessary.^[4] Although many deprescribing tools, algorithms and guidelines acknowledge eliciting preferences, goals and

patient involvement, few focus on the communication aspect of deprescribing. This highlights the need to find ways to communicate with older patients about their medicines and to involve them in decisions to effectively implement deprescribing.

Aim

This study investigates GP perspectives on using a Medicines Conversation Guide to support deprescribing conversations with patients.

Methods

Qualitative interviews were conducted with 32 general practitioners (GPs) from across Australia (NSW, QLD, VIC, TAS, SA, WA, NT) including regional areas. We used purposive sampling to recruit GPs, aiming for variation in demographic characteristics (Table 1).

Interviews were conducted between February and October 2017. These interviews were part of a larger qualitative study in which GPs' experiences of medication reviews and

Table 1 Characteristics of general practitioners

GP characteristics	No. of GPs <i>n</i> = 32
Experience as a GP (years)	
0–9	14
10–19	6
20–29	4
30+	8
Gender	
Female	18
Male	14
Role at medical practice	
Registrar/in training	7
Contractor/sessional/salaried	17
Principal/partner	8
Number of GPs at medical practice	
0–5	14
6–10	9
11+	9
How many patients seen who were 75+ years (%; estimate per year)	
1–19	10
20–39	15
40+	7

their perspectives on patients' medication-related goals and preferences were explored. A framework analysis method^[5] was used and further detail about this, the recruitment strategy and data collection have been published elsewhere.^[6] Ethical approval was granted through the University of Sydney Human Research Ethics Committee.

A communication tool, the Medicines Conversation Guide,^[7] was developed and feasibility tested with pharmacists, older adults and their carers to support discussions about medicines. The Guide addresses the following key elements: general health understanding, decision-making and information preferences, health priorities related to medicines, patient goals and fears, views on important activity and making trade-offs for benefit/harm and quality/quantity of life.^[7] Originally, the Guide was evaluated in the context of the government-funded Home Medicines Review program (HMR) in Australia.^[8] The GPs role involves referring patients to this program and following the HMR they receive a report from the accredited pharmacist with recommendations. In this study, GPs were shown the Guide (Supplementary 2) and a pharmacist's report (Supplementary 3) based on a previous feasibility study^[7] in which a pharmacist used the Guide with an older patient. The Guide and a suite of tools to support implementation can be accessed here <http://hdl.handle.net/2123/18330>.

Results

Table 1 shows the diverse characteristics of the GPs who participated in this study, including experience in practice ranging from 1 to 50 years. GPs varied in their thoughts and opinions on the Medicines Conversation Guide although 23/32 (72%) GPs reported that they would use the Guide themselves. The main themes were categorised as strengths, limitations (Table 2) and suggested improvements.

Strengths of the Guide identified by GPs included that the Guide focused on the patient's perspective and could empower patients to voice their thoughts about their medicines. GPs stated that the Guide supported deprescribing by engaging patients to think about their medications and share their daily experiences of them – as helpful, problematic or concerning. Limitations were related to the potential for the Guide to be time-consuming (in both an HMR and a GP consult) because it could raise topics unrelated to medications, and several questions were considered difficult or hard to grasp, particularly for patients with lower health literacy. Additionally, some GPs were unconvinced that the Guide would prompt medication changes or impact clinical outcomes because it was not focused enough on the benefits and harms of specific medications.

GPs suggested improvements to the Guide including embedding it in medical practice software, using triggers (e.g. a new diagnosis, the patient taking five or more medications) to remind GPs to use the Guide and creating shortened or abridged versions of the Guide to support longitudinal discussions with patients over multiple consults. Questions GPs found useful from the Guide were about trade-offs between quality and length of life and side effects of medications (Supplementary Table 1) – as they supported deprescribing and discussions about goals of care.

Discussion

Most GPs reported they thought the Guide would be a useful tool to empower the patient voice and that it could be used to communicate effectively with patients about deprescribing. However, GPs stated the limitations were time and the Guide introduced some complex concepts.

The strengths of this study include the heterogeneous sample of GPs varying in experience level and other demographic characteristics. The Guide has been explored and tested in studies in different settings by GPs, pharmacists, older adults and carers – which is a strength of the intervention itself. Although this study provides insight into GPs' thoughts on the Guide and how they would use it, GPs did not actually use the tool in consultation with a patient.

Similar themes were also identified by pharmacists in a previous study.^[7] However, GPs differed in that they reflected on using the Guide themselves to make medication-related decisions with their patients or the value of a pharmacist or a nurse practitioner asking some of the Guide questions. Whereas pharmacists in the previous study^[7] felt that some themes from the Guide should be discussed with the GP and patient.

This work is in line with a shift in deprescribing interventions that focus not only on identifying appropriate medications to stop or reduce but also on the importance of patient involvement in the deprescribing process. A recent study assessing the effectiveness of a multifaceted patient-centred deprescribing intervention in general practice found that 70% (26/37) of patients had a medication stopped or reduced following a deprescribing consultation.^[9] Similar to our findings, GPs appreciated support to communicate with patients (e.g. specific phrases) about the advantages and disadvantages of deprescribing medications.

GPs in our study identified the importance of specific Guide questions about trade-offs including the benefits vs harms of medications and potential side effects. A US survey study

Table 2 Main themes and illustrative quotes

Themes	Illustrative quotes
Strengths	
The Guide may introduce important topics that might not otherwise be discussed in a consultation	"I think you target questions that sometimes a patient wouldn't, like information that sometimes the patient wouldn't think to divulge on their own." (GP 10, female)
The patient's perspective was the primary focus of the Guide	"I really like it. I think it is very patient-centred... Just allowing the patient to, yeah, express their own thoughts and kind of teasing them out of them." (GP 26, male)
The Guide may empower patients to be more vocal about their medicines	"The 'what medicines are helping you feel better right now' [question], which would invite them to let me know about their perceptions of what they are taking rather than them just accepting that what they've been put on is the correct medication." (GP 7, male)
The Guide could be used to promote deprescribing	"Often you need to use this sort of framework as part of the negotiation, um, for someone to, maybe to commence medication. It's very similar I think, to deprescribing, to stop medication." (GP 29, male)
Communicating with patients about complex topics could be supported by the Guide	"So sometimes it's pretty hard to frame the questions. What exactly is in your mind and what you're going to ask sometimes differ. But when you have this kind of Guide, like framing the questions and knowing exactly what you need to ask is always a good option for us." (GP 13, female)
Home Medicines Reviews could benefit from the standardised approach of the Guide	"That might be a very helpful Guide here or standardised approach for a Home Medicines Review." (GP 9, male)
Positive feedback about the format and content	"It's kind of a good way to structure the consult and... 'cause it's on paper it's like, this is what we're going to go through, and have it in front of [the patient]." (GP 15, female)
Limitations	
Time-consuming and the Guide could lead the patient on tangents unrelated to medicines	"They're all useful. I mean, look, if you open this conversation with what are your thoughts about where you are with your health, I really hope you've got a lot of time to talk to most of these old people." (GP 17, female)
Prescribing or clinical outcomes may not be influenced by the Guide	"It's really... a nice thing about sort of what they're feeling and what they want to do but it doesn't really affect much because it's ultimately going to be the doctor who for one reason or another prescribes things, whether it's necessary or not." (GP 16, male)
Some of the Guide concepts/wording may be difficult for patients to understand	"The answer to some of the questions will come down to how much attention they pay to their health and how much knowledge they have about their own health." (GP 10, female) "This... certainly is depending on the literacy. I mean for 75 years old and above you wouldn't get much from it." (GP 6, female)

of 835 older adults found that they preferred phrases or rationales for deprescribing that focused on the risk of possible side effects of medications (symptom relief and preventive).^[10] This indicates that older adults may wish to know more about the side effects of their medications and this, in turn, could improve the uptake for deprescribing.

In the future, we will look towards the implementation of the Guide in general practice, integrating the Guide with existing medical practice software and workflow practices to improve usability. Questions and concepts will undergo further testing to enhance understandability for all health literacy levels.

Conclusion

GPs assessed a Medicines Conversation Guide which was designed to support discussions about deprescribing and patients' goals and preferences in the context of medicines. The Guide appears to be a promising communication tool that may encourage patient involvement and engage older adults in discussions about their medicines and deprescribing.

Supplementary Material

Supplementary data are available at *International Journal of Pharmacy Practice* online.

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Author Contribution and Data Access Statement

KRW and JJ formulated the research question(s), designed the study and KRW carried it out. KRW and JJ conducted the analysis with input from CB. KRW wrote the article with input from all authors. All authors reviewed the paper before submission. All authors except CWMT had access to the study data at the time of data collection and analysis however, except for KRW, access is not ongoing.

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Conflict of Interest

The author(s) declare that there are no conflicts of interest.

Data Availability Statement

Due to restrictions imposed by the ethics committee, we will not be able to provide a de-identified data set. This is because participants did not consent to have their data made publicly available.

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