

**Submission Id: 5319**

**Title**

*Patients driving deprescribing? - Older adults' experiences with raising medication concerns with providers.*

**Priority 1 (Research Category)**

Patient engagement

**Presenters**

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**Abstract**

Context: The ability of patients to identify medication concerns and raise them with their providers may be an important driver for deprescribing. Little is known about how often this occurs and how providers respond. Objective: As part of a larger study aimed at empowering older adults to speak up about medication concerns, we conducted a baseline survey in which we assessed their prior experiences with self-advocacy. Study Design and Analysis: Cross-sectional survey including closed and open-ended items. Responses were analyzed quantitatively (descriptive statistics) and qualitatively (thematic analysis by 3 reviewers). Setting: Two primary care practices in Western New York. Population Studied: Patients aged 65 and above. Intervention: N/A. Outcome Measures: Patient self-report of (1) concerns they raised about medications; (2) how the provider responded. Results: 406 of 3431 older adults (12%) completed the survey. 129 respondents (32%) reported raising medication concerns to a healthcare provider within the prior 3 months (65% spoke to their primary doctor, 20% to another doctor, 9% to a nurse, and 4% to a pharmacist). 98 patients described the specific concerns that they shared with their provider and the provider's response. Concerns raised included symptoms that they believed were side effects, questions about long term risks, and a desire for non-pharmacological options. Provider responses were generally described as positive and included altering or stopping medications and/or dosages, suggesting alternatives to medication, and referring patients for additional tests or consultations. In instances when no change was made, providers typically listened to and addressed patients' concerns and provided additional information regarding medications such as clarifying the indication. Three patients felt their concerns were dismissed, while two reported stopping medication without a doctor's approval. Conclusion: In a cross-sectional survey of older adults in primary care, almost one third of respondents reported raising medication concerns with a medical provider, and providers typically responded by either deprescribing, monitoring or committing to follow-up. These findings suggest that patients can often drive deprescribing - if they are able to identify and raise concerns. Future studies also need to explore how best to support older adults in identifying medication problems and how to empower them to speak up.