Supplemental materials for:

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Appendix 1: Interview questions for general practitioners

Research title: Polypharmacy and deprescribing in the elderly: the views of New Zealand general practitioners

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Introduction

Thank you very much for taking the time to talk with me today.

This project is part of a developing body of research looking at polypharmacy in older patients, that is those 65 years and older. We are interested in your perception of the barriers and facilitators to deprescribing in older patients living in the community (as opposed to those in residential care settings). There are no right and wrong answers. You will not be judged or compared.

The interview will probably last about 30 minutes.

Demographic details

- Could you tell me how long you have been practising as a GP?
- Are you mainly working as a GP partner / short term locum / long term locum / other
- Is your current practice urban/rural? Large/ medium/ small? What ownership structure?
- Thinking about your particular practice:
    - Approximately what percentage of the patients are older (≥ 65y)?
    - What is the average number of regular medications per older patient?
- In the last 5 years what has influenced your prescribing:
    - specialists, websites, guidelines, conference workshops, drug reps, CME meetings, PHO, friends and colleagues, grey literature, patients, pharmacists, journal articles, medtech, wiki, medsafe datasheet, google, textbk etc …

Polypharmacy

- What do you understand by the term polypharmacy?

There are several definitions in the literature. For the purposes of this project we are adopting a definition to be the taking of multiple medications. Some say polypharmacy may be appropriate, but sometimes it can problematic placing patients at increased risk of harm. Obviously this can be a difficult judgment call, which is why we need to talk to you today.

Problem awareness / insight

1. Is polypharmacy a problem in your practice? How big a problem?
2. What do you think is driving polypharmacy in your patients?
    a. (*guidelines, prescribing cascade, forget to stop, specialists, multiple prescribers, multiple comorbidities, patient demand / culture of pill popping*)
3. Do you think your patients and the public are aware of the risks of polypharmacy related harm? (*ADRs, interactions, adherence*)
4. When patients come in for their repeats, do you ask specifically about adverse effects?
5. Which drugs do you think most often are associated with adverse effects in the elderly?
    a. (*antihypertensives, statins, hypoglycaemic agents, NSAIDs, opioids, anticholinergic drugs, benzodiazepines, antibiotics, anticoagulants, steroids, psychoactive druigs, PPIs*)
6. Do you find it difficult to identify why patients are taking some drugs? When prescribing, do you tag medications to a classification on the MedTech system? If not, why not? Do you think this would be useful? Why?

Deprescribing

Have you heard the term ‘deprescribing’ before today? What do you understand it to mean?

For the purposes of this project we are adopting a definition of deprescribing as the process of tapering and withdrawing medication. The aim of deprescribing is to minimise polypharmacy-related suffering and harm and to improve quality of life.

I would now like to ask you some general questions around potential barriers and facilitators to deprescribing.

Potential barriers to deprescribing

1. Do you think deprescribing is worthwhile? Why is that?
2. Do you think deprescribing will help improve outcomes in your older patients? What outcomes?
3. Do you consciously try and reduce the number of medications your patients are on? If not, why not? If so, which drugs do you usually try to taper and withdraw?

Inertia (aware but don’t act)

1. Can you think of any downsides to deprescribing?

    a. *fear of adverse consequences – relapse, increased risk of or actual event, withdrawal symptoms*
    b. *fear of accountability processes and complaints*
    c. *threatened therapeutic relationship / getting offside with patients*
    d. *fear of upsetting family members*
    e. *no time, no energy, increases workload*
    f. *reluctance to stop drugs started by specialists or other doctors*
2. Do you perceive any ethical problems with deprescribing in the elderly?
3. Are there barriers to having a discussion with your patients about withdrawing medications? What are the barriers? Why is that?
4. What do patients and family members / carers / whanau think about deprescribing preventive medications?
5. Do you routinely discuss care goals with your older patients? Their treatment preferences? Life expectancy?
6. Do you find it difficult to identify frailty / limited prognosis / limited life expectancy in your older patients?

Ability (knowledge, skills, attitudes, influences, decision support)

1. What would prompt you to review medications and consider deprescribing?
2. What would enable you to deprescribe?
3. How confident are you that you know the potential benefits and harms of medications in specific patients, especially when there is multimorbidity?
4. Regarding the management of CVD risk in older patients, what role do
    - co-morbidities
    - quality of life
    - life expectancy play?
5. How confident are you that you know which medications to stop, when, and how?
6. When looking at a patient's list of medications, how do you decide when a drug is appropriate or problematic? (*?pattern recognition, ?the usual suspects, ??*)
7. Assuming that you had the time, what sources of information would you check to help you decide which medication to stop and how to stop it?
8. What training would be helpful to you for addressing problematic polypharmacy?
9. How confident are you that you can communicate the risks and harms in such a way that patients understand?
10. What tools or resources do you use to help you communicate? What additional tools would be useful to support shared decision making?

Facilitators of deprescribing / interventions

Our research group is interested in interventions/approaches to support deprescribing in older patients in the community to help improve patient outcomes.

Previous interventions / approaches that have been tried to support deprescribing include education, for prescribers and for patients; audit and patient specific feedback to prescribers; computerised alerts to remind prescribers of potential problems; pharmacist medication reviews.

1. What resources might help you in deprescribing?
    a. Computer pop-up alert / prompt / reminder (*"Danger: polypharmacy!!!" ...)*
    b. Education (*what to stop when and how; principles of pharmacology etc).* How / what sort of education session?
    c. Audit and patient specific feedback to prescribers – PHO, Dr Info or other
    d. Patient activation – PHO, Dr Info etc via practice
    e. Patient handouts explaining the benefits of deprescribing, information to help them self-manage medications
    f. Guidelines (*what to stop when and how*), update current guidelines to include when and how to stop, & how to adapt single disease guidelines to complexity
    g. Communication tools to determine and communicate potential risks and benefits – laminated jelly beans, NICE risk of bleed, Qrisk calculator etc.
    h. Onsite clinical pharmacist with protected time &/or funded pharmacist Medicines Therapy Assessment (MTA)
    i. Funded deprescribing annual GP review
    j. Educators (nurse or pharmacist) to spend time with patients discussing the risks associated with polypharmacy and deprescribing
    k. Other ?what (user friendly website "*what to, how to*")
    l. Computerised decision aids (*what, how etc*)
    m. A catchy mnemonic (STOPDRUGS Statins, antihyperTensives, osteoporosis pills, PPIs, digoxin, risk>benefit, unhappiness pills, hypoGlycaemics, sleeping pills, or STOPP always remember to …)

2. Did you ever use pharmacy medication review? Why / why not? Was it helpful? Was this MTA or MUR (Medicines Use Review) or ?
3. How comfortable are you with your PHO or Doctor Info:
    a. Auditing your practice, identifying your patients at increased risk of problematic polypharmacy, and providing names, drugs and education
    b. Contacting, via the practice, your patients identified at increased risk and providing them with information about the potential risks and benefits and prompting them to ask you about deprescribing when they are next in
        i. *Do you think this would undermine your doctor-patient relationship?*
        ii. *Do you think your patients would find this personalised approach alarming, annoying or helpful?*

Concluding comments

That brings us to the end of the interview. Is there anything else about polypharmacy or deprescribing in older people that you feel has not been covered? Do you have anything else to add or any comments about the content of the interview or how it went?

Thank you very much for giving up your time to talk to me today. I have a $40 gift voucher for you as a token of appreciation for your time.

Can you recommend any GP or registrar I could talk to about polypharmacy and deprescribing? (purposive sampling - young GPs / rural GPs / locum doctors.)