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REDUCING INAPPROPRIATE POLYPHARMACY THROUGH A PATIENT-CENTRED, SHARED DECISION-MAKING MODEL OF DEPRESCRIBING

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Introduction: Medicines are a core intervention in the NHS, costing over £15 billion every year (HSCIC, 2014). Notwithstanding their potential to improve patients' health, avoidable harm from inappropriate polypharmacy is recurrent, posing risk to health and increasing financial pressures on the NHS.

Barriers and enablers of deprescribing were recently identified (Reeve et al., 2013, Luymes et al., 2016) along with the need to make deprescribing consultations patient-centred. However, current models of deprescribing remain untested, and practice and outcomes vary. Additionally, no studies have been conducted with frail elderly patients, who may benefit from deprescribing the most. A multidisciplinary team was brought together to review existing literature, identifying the need for designing an evidence-based, patient-centred deprescribing process capable of identifying and reducing inappropriate medicines to increase patients' health and reduce NHS costs.

Aim: To design a patient-centred, shared decision-making model of deprescribing.

Methods: Empirical evidence will inform the design of the new model of deprescribing by identifying why, what and how to deprescribe. Primary care electronic health record data from a cohort of elderly patients with frailty (n=250) will be analysed quantitatively to discern associations between medicines, frailty and health decline. Additionally, qualitative interviews with primary care prescribers (i.e. general practitioners, nurses and pharmacists, n=20) and patients experienced and naïve to deprescribing (n=25) will investigate perceptions, expectations and experiences of deprescribing.

Discussion: Quantitative findings will inform which common medicines pose greater risk to frail patients and are suitable for deprescribing (why and what to deprescribe). Qualitative findings will inform the design of the deprescribing model. Patients' and prescribers' views and experiences will highlight behaviours and resources required to an effective patient-centred, shared decision-making deprescribing consultation blueprint (how to deprescribe).

Conclusion: This will be the first patient-centred, shared decision-making model of deprescribing based on empirical evidence. This model will benefit the NHS, patients with frailty, and all patients with polypharmacy.

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