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DEPRESCRIBING MODELS: REVIEW OF THE EVIDENCE

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Introduction: Notwithstanding the potential of medicines to improve patients' health, avoidable harm from inappropriate polypharmacy is recurrent. Minimising inappropriate medicines is therefore vital to improve patients' health. Deprescribing – the process of reducing or stopping medicines – is a viable option to reduce inappropriate polypharmacy. However, policy and guidelines for deprescribing are only beginning to emerge. In order to investigate how deprescribing consultations can be conducted, a literature review was undertaken to describe existing deprescribing models.

Methods: A literature search was undertaken using relevant keywords in scientific databases (CINAHL Plus, ASSIA, Medline, Pubmed, Embase and Scopus). All published papers identified describing deprescribing models up to July 2016 were retrieved.

Findings: Eight deprescribing models were identified: five originated in Australia, one in the United Estates, one in Canada, and one in the United Kingdom. None of the models was designed based on empirical evidence. Feasibility testing was only undertaken for two models: one was conducted with a small sample size – n=6 in primary care (Reeve et al., 2014a); the second study involved a large sample – n=422 patients in care homes (Baqir et al., 2014). Only three models state explicitly how patients can contribute to deprescribing (Reeve et al., 2014b, Baqir et al., 2014, Jansen et al., 2016)

Discussion: The existing models of deprescribing remain largely theoretical, and their applicability to primary care untested. Although all models recognise the importance of involving patients in deprescribing, none was designed based on prescribers and patients' real life experiences, or discusses what constitutes good patient-prescriber communication.

Conclusion: Understanding patients and prescribers' views and experiences of the deprescribing process is vital to identify behaviours, systems and processes that are required to conduct deprescribing consultations upon which to design an effective, evidence-based deprescribing model. To fill this gap, qualitative interviews with prescribers and patients experienced in deprescribing are being conducted to identify real life barriers enablers of deprescribing, and design and implement a novel evidence-based, patient-centred model of deprescribing.

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