

Assessing the Attitudes, Perceptions, and Practices of Pharmacists Towards Deprescribing

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Introduction

- Deprescribing is a vital component of patient care.²
- Pharmacists are uniquely positioned to contribute to deprescribing initiatives due to their expertise in medication management and accessibility to patients.¹
- The increasing recognition of deprescribing as a crucial component of comprehensive medication management highlights the need for effective deprescribing practices in clinical settings.³

Objectives

- Identify barriers and facilitators to deprescribing practices.
- Inform the development of targeted interventions and strategies to enhance pharmacist engagement in deprescribing initiatives.

Methods

- The Pharmacists' Attitudes Towards Deprescribing (PhATD) survey was developed based on questions from the CHOPPED and HATD survey tools.
- The PhATD survey includes 9 questions on demographics, 3 on knowledge, 3 on awareness, 4 on competency, 5 on patient factors, 3 on collaboration factors, 5 on healthcare system factors, 1 on willingness, and 1 on practice.
- The majority of questions are structured as statements for respondents to use a Likert scale to show their level of agreement with the statement.
- Following IRB approval, a survey was sent out to Southern Illinois University Edwardsville (SIUE) School of Pharmacy alumni.
- The responses of 155 pharmacists were included in the final analysis.

Results

Table 1. Baseline Demographics

		n (%)
Primary Pharmacy Practice	Community	56 (36.4)
	Hospital	51 (33.1)
	Ambulatory	17 (11.0)
	Other (Long-Term, Specialty, Industry, etc.)	30 (19.5)
Residency Training	None	98 (63.2)
	PGY-1	32 (20.6)
	PGY-1 + PGY-2	15 (9.7)
Board Certification	Yes	45 (29.2)
	No	109 (70.8)

Table 2. Level of Agreement with Survey Statements

Statement	Disagree n (%)	Neither n (%)	Agree n (%)
I feel I need extra training on medication related problems in order to deprescribe or recommend deprescribing.	54 (37.5)	26 (18.1)	64 (44.4)
I feel I am unable to identify potentially inappropriate medicines a patient could be taking that require stopping or reducing.	106 (73.6)	13 (9.0)	25 (17.4)
I feel I do not have enough confidence to suggest stopping or reducing medications.	101 (70.1)	13 (9.0)	30 (20.9)
I feel reluctant to stop or recommend stopping medicines initiated by specialists.	38 (27.1)	12 (8.6)	90 (64.3)
I am concerned that suggesting stopping medications could negatively influence/harm my relationship with my patient.	64 (45.7)	29 (20.7)	47 (33.6)
I believe physicians find it inappropriate for pharmacists to suggest stopping or reducing medications.	52 (37.1)	13 (9.3)	75 (53.6)
I feel my current workload hinders deprescribing.	36 (25.7)	28 (20.0)	76 (54.3)
I feel inadequate staffing at my workplace hinders deprescribing.	42 (30.0)	27 (19.3)	71 (50.7)
I feel appropriate reimbursement would encourage deprescribing practice.	11 (7.8)	26 (18.6)	103 (73.6)
I believe that if I had more time with patients I could deprescribe some of their medicines.	6 (4.3)	19 (13.6)	115 (82.1)
If I had the possibility to view patients' medical records (or parts of it important to pharmacists), I would be able to suggest stopping or reducing medications more.	1 (0.7)	25 (17.9)	114 (81.4)
I am willing to suggest deprescribing to my patients if appropriate.	5 (3.6)	2 (1.4)	133 (95.0)

Conclusions

- An overwhelming majority (95.0%) reported they are willing to suggest deprescribing when appropriate.
- Barriers to deprescribing included workload, inadequate staffing, time constraints, and reluctance to recommend stopping medications initiated by specialists.
- Improved access to training, time with patients, and reimbursement for clinical interventions could enhance pharmacists' engagement in deprescribing practices and establish it as a routine part of medication management.

References

- El-Dahiyat, F., Jairoun, A. A., Al-Hemyari, S. S., Shahwan, M., Hassan, N., Jairoun, S., & Jaber, A. A. S. (2023). Are pharmacists' knowledge and practice the key to promoting deprescribing of potentially inappropriate medication: a missing link between treatment and outcomes. *International Journal of Pharmacy Practice*, 31(4). <https://doi.org/10.1093/ijpp/riad027>
- Reeve, E., Gnjjidic, D., Long, J., & Hilmer, S. (2015). A systematic review of the emerging definition of "deprescribing" with network analysis: Implications for future research and clinical practice. In *British Journal of Clinical Pharmacology* (Vol. 80, Issue 6). <https://doi.org/10.1111/bcp.12732>
- Wright, D. J., Scott, S., & Bhattacharya, D. (2019). Deprescribing: routine pharmacy practice or an exciting research opportunity? In *International Journal of Pharmacy Practice* (Vol. 27, Issue 5). <https://doi.org/10.1111/ijpp.12513>

Disclosures

- Mr. Jacquot reports no financial conflicts of interest.
- Mr. Klinefelter reports no financial conflicts of interest.
- Dr. Herndon discloses the following: stock ownership of private company (Spouse – LiveLife Natural Products)

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