

# ATTITUDES TOWARDS DEPRESCRIBING AMONG OLDER PATIENTS WITH RHEUMATIC DISEASES

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## Background and importance

There is a high prevalence of polypharmacy among the elderly population, which increases the likelihood of having potentially inappropriate medication. Deprescribing has been introduced as an approach to improve appropriate medication use. Patient's involvement is important for the success of deprescribing.

## Aim and objectives

To assess the attitudes, beliefs, and experiences of older patients with rheumatic diseases regarding the number of medications they are taking and their feelings towards deprescribing.

## Materials and methods

**Cross sectional study (third level hospital) → June 2024**

Patients ≥ 65 years with **rheumatic diseases**, who attended the hospital pharmacy department

Validated Spanish version of the **Patients Attitudes Towards Deprescribing' (rPATD) questionnaire**  
rPATD questionnaire has 22 items on a 5-point Likert scale: from 1 (strongly agree) to 5 (strongly disagree)

Excluded: patients who didn't sign the informed consent and those in clinical trial

## Results

**Table. rPATD results**

**33 patients**  
72 years (IQR:68.8-76.8)  
68.8% women  
drug/patient: 9.5 (IQR:6-12)

**90.9%** stated that they were dissatisfied with their medications

**97%** would be willing to deprescribe one or more medications if their doctor thought it appropriate

Treatment	Mean (± SD)
<b>Involvement factor</b>	<b>1.7 (0.8)</b>
Good understanding	3.1 (1.5)
Know current medicines	1.9 (0.8)
Know as much as possible	1.2 (0.4)
Involved in decisions	1.1 (0.3)
Always ask if I don't understand	1.2 (0.4)
<b>Burden factor</b>	<b>1.9 (0.7)</b>
Money/expensive medicines	3.3 (1.1)
Inconvenient	1.7 (0.8)
Large number of medicines	1.7 (0.8)
Burden	1.5 (0.6)
Too many medicines	1.5 (0.7)
<b>Appropriateness factor</b>	<b>2.1 (0.5)</b>
One or more medicines that I no longer need	2.1 (0.7)
Would like to try stopping	1.4 (1)
Reduce the dose	1.8 (1)
Not working	2.6 (0.9)
Side effects	2.6 (1.1)
<b>Concerns about stopping factor</b>	<b>3.5 (0.7)</b>
Reluctant to stop a long-term medicine	4.3 (0.8)
Missing out on future benefits	3.3 (1.5)
Stressed	2.3 (1)
Giving up	4.1 (0.9)
Previous bad experience	3.7 (0.9)
<b>Global questions</b>	<b>2.8 (1.4)</b>
Willing to stop	1.4 (0.8)
Satisfaction	4.1 (0.5)

## Conclusion and relevance

Patients with rheumatic diseases are not willing to have their medicines deprescribed. General satisfaction with their pharmacotherapy is low. Pharmacists should recognize such patients and lead them towards a shared decision-making attitude. Therefore, it is imperative to carry out strategies to implement patient-centered care based on their attitudes and expectations.