

Pharmacy Attitudes to Deprescribing

Community pharmacists' attitudes towards deprescribing in primary care in Ireland

Similar to global figures, the Irish population is aging. The number of adults, aged 65 years or more, is expected to double by 2051. Aging is associated with more prevalent chronic conditions and therefore it is important community pharmacists are aware of potential inappropriate polypharmacy within this population. The physiological changes of aging can alter the benefit-risk ratio of medications, meaning that medications which were once safe, may now be inappropriate. Potentially inappropriate medications contribute to inappropriate polypharmacy, which can have a negative health impact for older adults such as adverse drug reactions, reduced adherence, hospitalisation and mortality.



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In an effort to reduce potentially inappropriate medications, deprescribing is a recognised solution. Deprescribing has become increasingly popular in modern healthcare. It describes the systematic process of discontinuing a potentially inappropriate medication. It includes withdrawal, tapering or switching to a more appropriate drug class. The process of identifying medications for deprescribing during medication reviews is conducted by healthcare professionals and facilitated using published guidelines and algorithms to support decision making. Deprescribing is a behaviour and is considered a part of 'good prescribing' which includes proactive, evidence-based decision making to increase patient medication safety, as opposed to reacting to side-effects or adverse events.

Community pharmacists may have a role to play in identifying opportunities to deprescribe medications, which confer greater risk than benefit to patients, using deprescribing guidelines

and algorithms. The pharmacy profession is a widely accessed healthcare resource and in general, community pharmacy is the healthcare setting most frequently visited by the public. To understand the attitudes of Irish pharmacists working in community settings towards deprescribing, a research team from University College Cork conducted an online questionnaire study with Pharmaceutical Society of Ireland-registered pharmacists who indicated community pharmacy as their main area of practice. The aim of this study was to assess community pharmacists' deprescribing knowledge in addition to gaining an understanding of their attitudes and confidence toward deprescribing.

Of the 3740 Pharmaceutical Society of Ireland-registered community pharmacists, 426 people accessed the questionnaire, which was fully completed by 260 and partially completed by 166.

Knowledge

Deprescribing knowledge was high among community pharmacists,

with almost three quarters of pharmacists identifying the correct definition of deprescribing, as well as accurate statements regarding deprescribing. Deprescribing knowledge scores were calculated based on the percentage of correct responses. Pharmacists aged 20-30 or qualified 4-9 years had the highest average knowledge score. From the various roles within community pharmacy, locum pharmacists had the highest knowledge score.

Confidence

Pharmacists reported a high degree of confidence in their ability to identify opportunities to deprescribe, with 84% agreeing or strongly agreeing that they could spot potential deprescribing opportunities. Confidence levels slightly dropped when questioned about discussing deprescribing opportunities with other healthcare professionals (74%) and further again with communicating with patients (63%) about deprescribing.

Attitudes

Deprescribing attitudes were primarily positive, with the majority of pharmacists agreeing that deprescribing was a part of their professional role (85%), that deprescribing would increase medication adherence (91%) and reduce adverse drug reactions (89%). Despite the confidence and positive beliefs, most pharmacists were unaware how to access deprescribing resources (67%) and over half did not feel that further deprescribing education was a healthcare priority.

Deprescribing barriers

Pharmacists identified barriers that currently exist in community pharmacy, which they believe limits their potential to engage with deprescribing. Time was the greatest issue of concern, with pharmacists already feeling that they are working to capacity within their current role and responsibilities. Additional barriers suggested includes insufficient knowledge, lack of remuneration

and fear of damaging their relationship with prescribers.

Deprescribing enablers

Encouragingly, pharmacists also detailed potential enablers, which they feel can be used to support their engagement with deprescribing. Suggestions included education on deprescribing guidelines, shared electronic patient medication records and positive interprofessional relationships with the broader primary healthcare setting.

This study provided pharmacists with the opportunity to document their thoughts and offer suggestions of how deprescribing can be incorporated into primary care. Themes were identified, mainly discussing the social and organisational structure of the healthcare system.

1. Expansion of Pharmacist's role

Firstly, pharmacists highlighted the need for clinicians to be welcoming to pharmacist involvement in deprescribing decisions, as some pharmacists did not feel that current relationships would support deprescribing.

'I do not think the relationship between community pharmacists and GPs is such that I can make any therapeutic recommendations or that they would be respected'.

On a similar vein, another suggestion was creating a role for a General Practice (GP) Pharmacist, similar to the United Kingdom, where pharmacists have a defined role in medication management within the general practice setting,

"Employment of a GP liaison pharmacist in the GP practice."

These pharmacists have often completed further clinical training and perform medication reviews and prescribing audits. They are situated within the GP practice as a member of the team providing support to other

healthcare professionals, removing environmental and communication barriers which are reported to negatively affect deprescribing engagement in primary care. Community pharmacists felt that this would be an ideal opportunity to allow pharmacist involvement in deprescribing decision making.

2. Fragmented healthcare system

The next major theme highlights a perceived limitation of the healthcare system. It discussed the lack of continuity between (i) different clinical settings e.g., hospital to primary care transfer and (ii) within an individual clinical setting between various healthcare professionals e.g., different clinicians in general practice or pharmacists in community pharmacy. This lack of continuity is perceived to hinder deprescribing opportunities, as knowledge and information is lost in transition, preventing healthcare professionals from engaging with deprescribing.

“As a locum pharmacist it is not often appropriate to engage in altering a patient’s medication as follow up with the patient will not be possible.”

Suggested solutions include a shared electronic patient medical record or information technology system between primary and secondary care, including community pharmacies, to improve communication and understanding of patient’s clinical condition.

3. Financial support and incentives

Finally, pharmacists highlighted the need for financial reimbursement to facilitate deprescribing in the community. Pharmacists identified that the current Irish remuneration

model discriminates against deprescribing as by engaging, the number of dispensed medicines is potentially reduced, therefore income is reduced, with no financial reimbursement model to compensate for this loss.

“The remuneration model discriminates against applying our knowledge in this way [deprescribing]”

Irish pharmacists suggested that the current system is not patient-centred as it is not inclusive of additional services which pharmacists conduct in effort to improve patient care and safety. This is emphasised through the lack of remuneration for deprescribing.

“Our time must be valued, and such a positive and beneficial move needs to be remunerated.”

Implications and recommendations from this research

- The high percentage of pharmacists who were unaware of how to access deprescribing resources and the decline in confidence when discussing deprescribing with other healthcare professionals or patients, suggests that deprescribing is not completely integrated into routine practice in Ireland. To address this, further recognition of deprescribing is required, possibly in the form of webinars or continuing professional development opportunities.
- Pharmacists felt that they did not have sufficient information on patient’s clinical condition to engage with deprescribing. Suggestions to overcome this included a shared information technology system between GP and community pharmacies,

where both would share access to clinical notes and medication records.

- This research highlighted the barriers and enablers affecting deprescribing in the community setting. These barriers are reflective of the wider literature and could provide potential targets for future studies, looking at implementing deprescribing in primary care.
- Suggested changes, such as creating a role for a General Practice Pharmacist, reflects the expanded clinical role of the pharmacist in other jurisdictions. This suggestion demonstrates the support of Irish community pharmacists for the current research conducted in Irish general practice, showing that it feasible to incorporate a pharmacist into GP practice and it has the potential to improve the quality of prescribing.

Conclusion

The high degree of knowledge, confidence and positive attitudes community pharmacists have towards deprescribing was encouraging, suggesting that they would be equipped with the skills required for this role expansion. Further studies are still required to assess community pharmacists’ deprescribing competence, to demonstrate their ability to fulfil this role in clinical practice in Ireland. Despite the positive attitudes, social, organisational and environmental barriers are perceived to exist, which pharmacists feel limits the expansion of the current community pharmacist role to incorporate deprescribing behaviours on a routine basis.

Key Points

- Deprescribing knowledge was high among community pharmacists, with younger, more recently qualified and locum pharmacists having higher knowledge scores.
- Community pharmacists felt confident in their abilities to identify opportunities to deprescribe and believe that it is part of their professional role.
- Time to engage with deprescribing remains the major barrier inhibiting pharmacists’ engagement with deprescribing.
- Education, shared electronic patient medical records and positive interprofessional relationships were reported to encourage community pharmacists’ engagement with deprescribing.

Deprescribing resources:

Deprescribing.org
 Primary Health Tasmania <https://www.primaryhealthtas.com.au/resources/deprescribing-resources/>
<https://medstopper.com/>
 STOPP/START doi: 10.1093/ageing/afu145
 STOPPFrail doi: 10.1093/ageing/afaa159
 The article above was written by Ms Clara H. Heinrich, Pharmacist and PhD student with the School of Pharmacy, University College Cork. This article is based on a peer-reviewed research paper published in the International Journal of Pharmacy Practice, conducted by Ms Heinrich and Dr Maria Donovan (School of Pharmacy, University College Cork). More information on this study is available at <https://doi.org/10.1093/ijpp/riab079>.

