

A Review of Patient Decision Aids used in Multi-Morbid Older

Patients to Address Polypharmacy.

Ausaf H. Khan*, Clare L. Tolley, Kweku A. Bimpong and, Sarah P. Slight
Master of Pharmacy (MPharm), School of Pharmacy, Faculty of Medical Sciences, 170582814
Contact: a.khan15@ncl.ac.uk

Project Aims:

- To identify the patient decision aids (PDAs) currently used in older patients with multimorbidities
- To determine if PDA's reduce inappropriate polypharmacy.

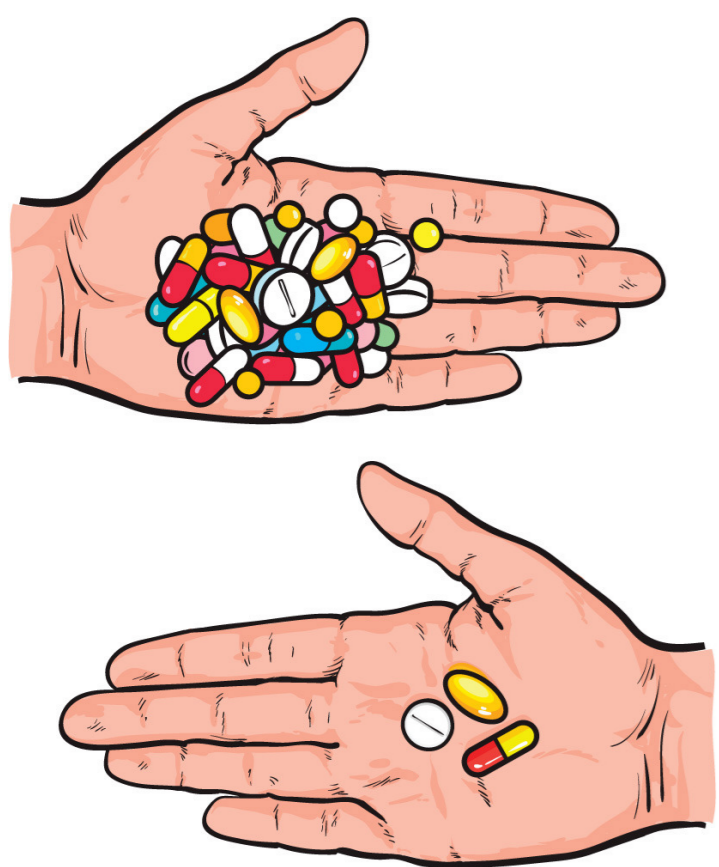
Introduction

- As the population aged 65+ is projected to rise by 40% by 2035 to over 16 million in the UK.¹ Older patients are likely to present with multiple long-term chronic conditions which can increase the risk of hospital admission and length of stay.
- Multimorbidity often results in problematic polypharmacy, where multiple medicines are prescribed inappropriately or where the intended benefit is not realised.² This can influence how patients take their medications and increase the risk of harmful side effects. Clinical guidelines assist clinicians to reduce problematic polypharmacy but often patients are not included in the decision making process.
- PDA's have been suggested as an appropriate tool to ensure patients are involved within their care. The majority of PDA focus on single disease states, few are targeted towards patients with multimorbidities and the priorities associated with the management of these conditions.

Results

Ten full text articles were included. We identified three overarching themes from our articles:

1) Medicines Optimisation



Unnecessary long-term medicines for anxiety, pain and excess stomach acid were removed from patients treatment regimes as a result of PDA's.

2) Patient Empowerment



Patients were open and honest regarding their medicines throughout consultations using PDAs.

3) Strengthening of the 'Doctor-Patient relationship'



As doctors were aware of patient treatment priorities doctors were able to tailor changes based on these, establishing a rapport with patients.

Methods

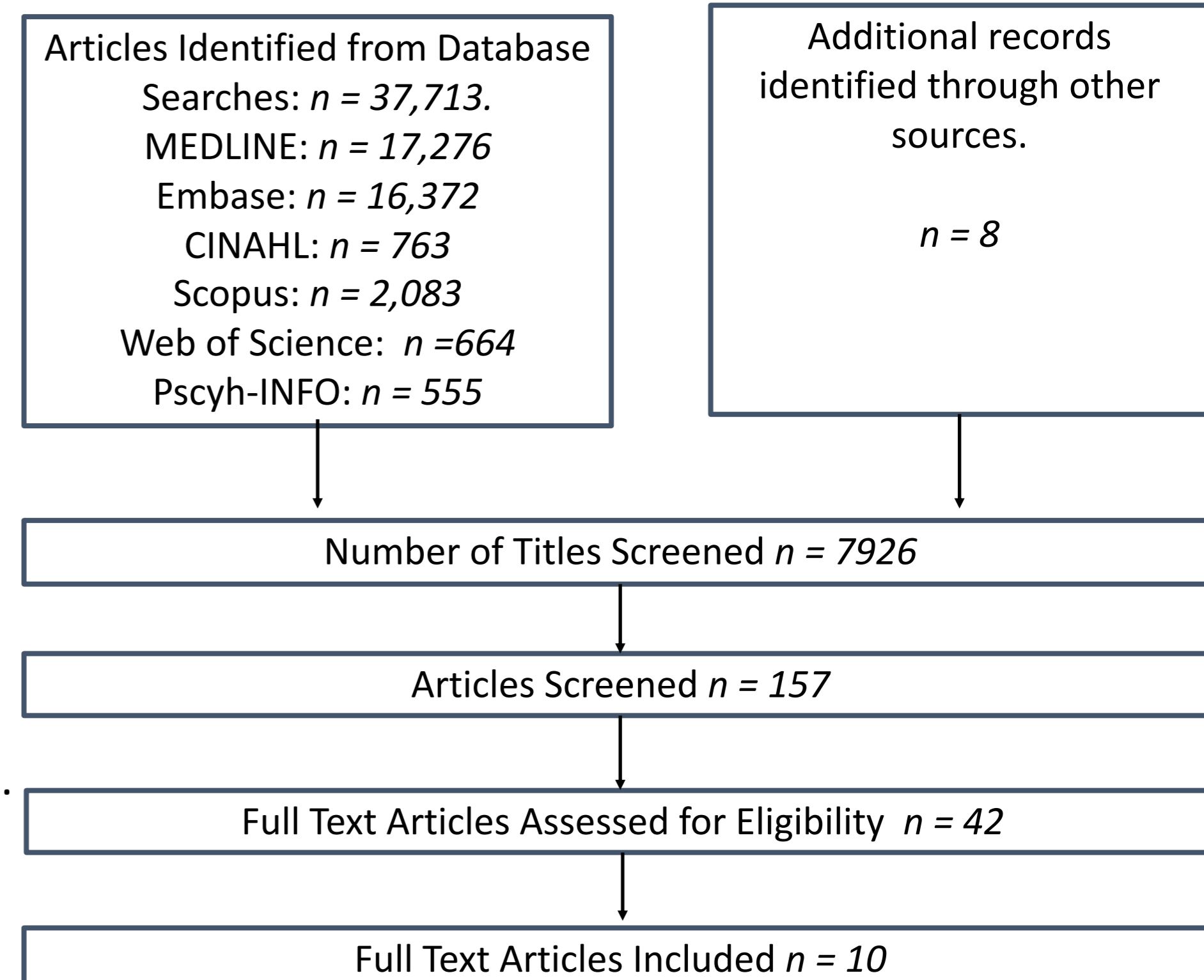
Research Design & Search Strategy:

We searched 6 databases: Medline, Embase, Scopus, Web of Science, the Cumulative Index to Nursing and Allied Health Literature, and, PschINFO.

Inclusion & Exclusion criteria:

- ✓ Suggested changes to the patients' medical regime
- ✓ Reduced inappropriate polypharmacy
- ✓ Increased patient awareness of their medication
- ✓ Involved patients in shared decision making with their clinician
- ✗ Patient decision aid focused on a single disease state
- ✗ Patient decision aid included those with cognitive impairment.
- ✗ Impact of decision aids aimed for health care professionals.

All titles and abstracts were reviewed by two independent reviewers with arbitration by a third reviewer. A data extraction form was developed and a narrative synthesis summarised key information and themes from the included studies.



Conclusion

We identified 10 articles and conducted a narrative synthesis, which revealed 3 key themes: medicines optimisation, patient empowerment and strengthening the 'doctor patient relationship'. Patient decision aid help clinicians identify problematic polypharmacy in older adults with multimorbidities and should be promoted alongside other clinical interventions such as the Beers criteria.

