

Can Shared Decision Making (SDM) Reduce Potentially Inappropriate Prescribing (PIP)?

Authors

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Introduction



Ageing population



Chronic diseases (multimorbidity) ↑

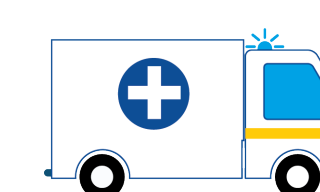


Use of medicines (polypharmacy) ↑



Risk of adverse drug reactions (ADR) ↑

In Ireland, 10% of hospital admissions in over 65-year-olds are related to Adverse Drug Reactions (ADRs), of which 70% are potentially avoidable.¹ The Screening Tool for Older Persons Prescriptions (STOPP) and Screening Tool to Alert doctors to Right Treatment (START) criteria can be employed to identify and address the Potentially Inappropriate Prescribing (PIP) known to result in ADRs and increased healthcare utilisation.² The EU INTERREG-VA funded iSIMPATHTY project involves pharmacists delivering, comprehensive, holistic, person-centred medication reviews which engage patients in Shared Decision Making (SDM).



Aim

To investigate the role of Shared Decision Making (SDM) in addressing Potentially Inappropriate Prescribing (PIP) and its impact on Patient Reported Outcome Measures (PROMs).

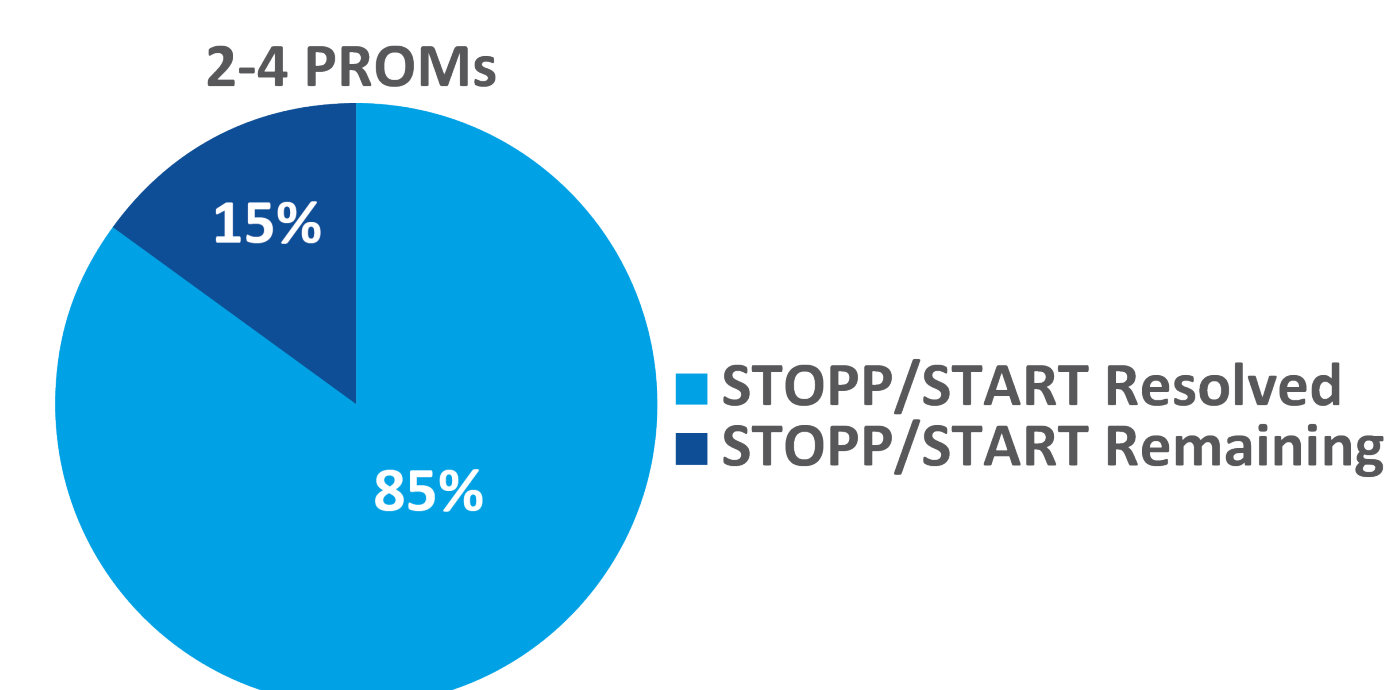
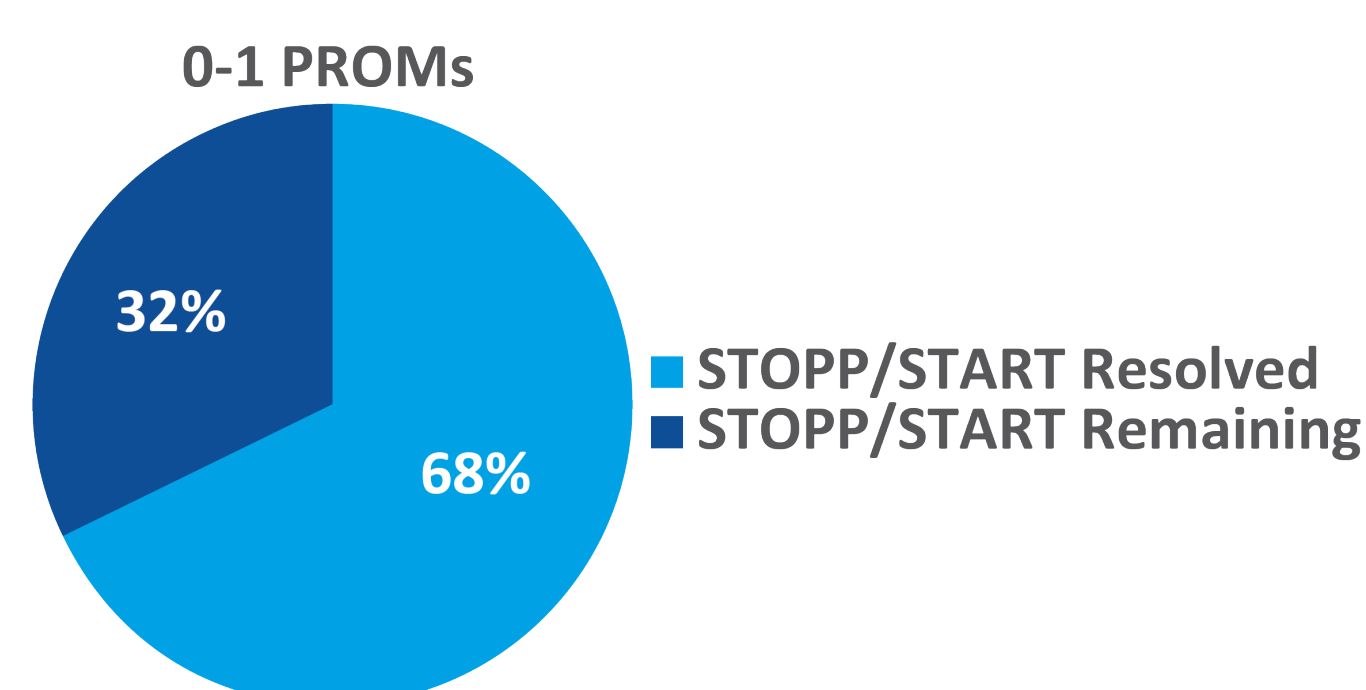
Methodology

- The STOPP/START criteria were retrospectively applied to the medication regimens of 100 patients aged 65 or older and on 10 or more regular medicines pre and post iSIMPATHTY review.
- Patient Reported Outcome Measures (PROMs) were collected pre and post review as per iSIMPATHTY protocol and the relationship between reductions in PIP and improvements in PROMs was explored.

Improvements in Prescribing Appropriateness correlate with improvements in Patient Reported Outcome Measures

68% of STOPP/START criteria were resolved for the 53% of patients reporting improvements in 0-1 PROM domains.

85% of STOPP/START criteria were resolved for the 47% of patients reporting improvements in 2-4 PROM domains.

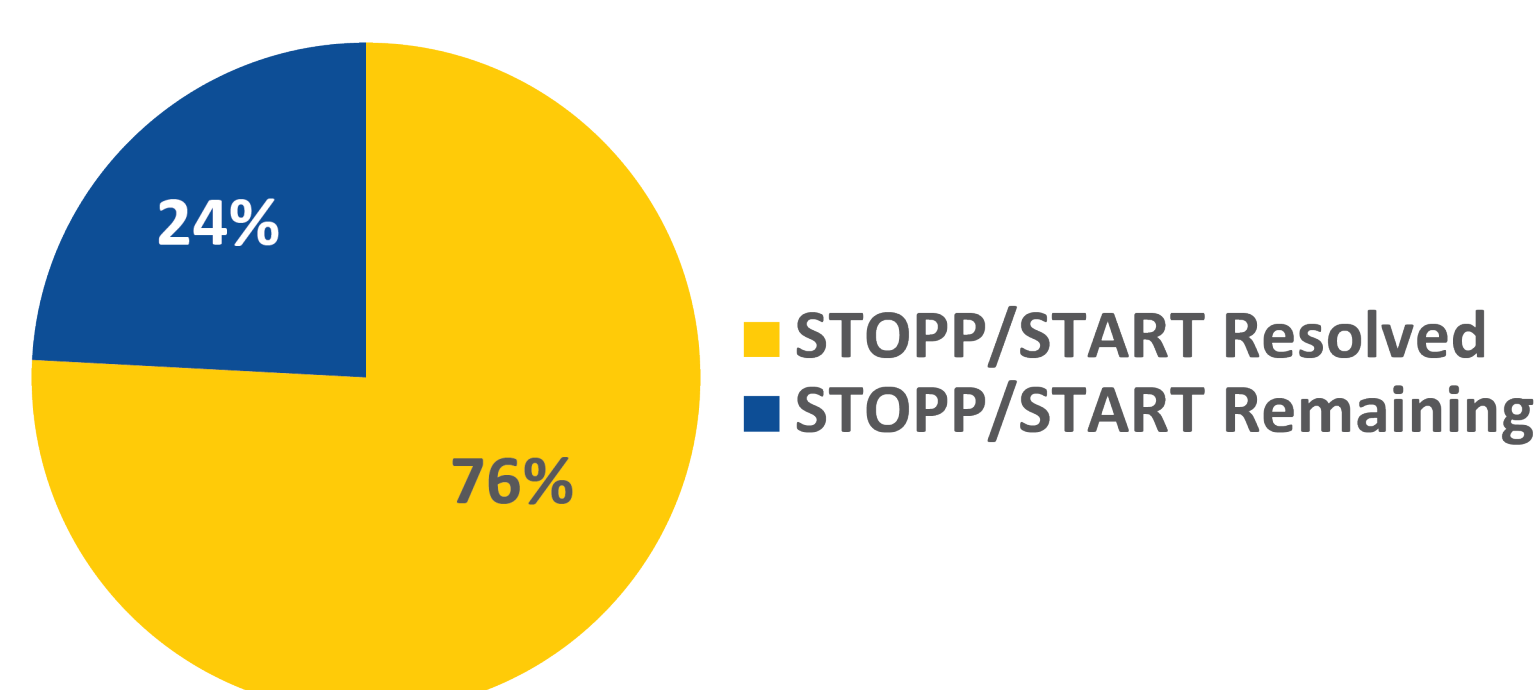


Results

At least one STOPP/START criteria was identified in 93% of patients and an average of 4 per patient, were found.

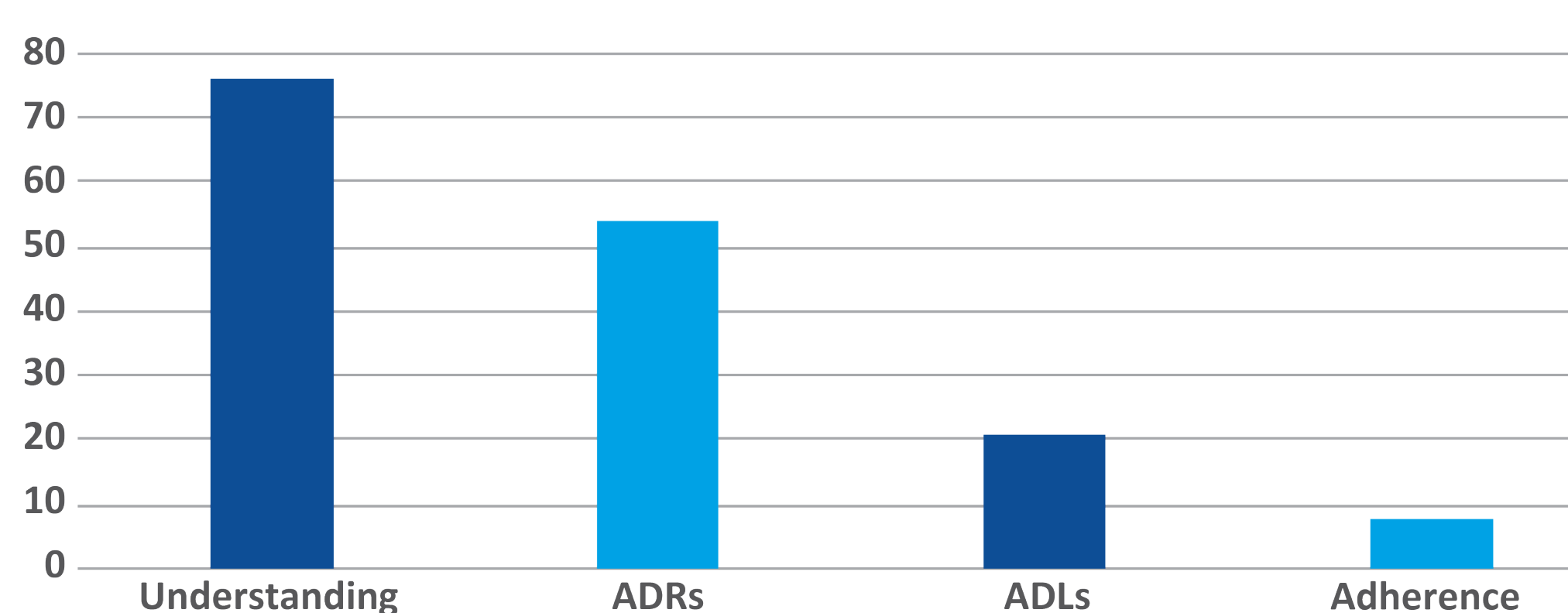
Shared Decision Making (SDM) Significantly Reduces Potentially Inappropriate Prescribing (PIP)

76% of the total of 396 criteria (342 STOPP & 54 START) identified were resolved by the iSIMPATHTY reviews.



Shared Decision Making (SDM) Significantly Improves Patient Reported Outcome Measures (PROMs)

88% of patients reported an improvement in ≥1 PROM domain. 76% reported an improvement in their Understanding, 54% in their experience of Adverse Drug Reactions (ADRs), 21% in Activities of Daily Living (ADLs) and 8% in Adherence.



Discussion

This study was conducted across 3 General Practice (GP) practice sites. The first 100 iSIMPATHTY reviews actioned by the GPs, were included and independently analysed by the Medication Safety, Quality Improvement Division at Health Service Executive, Ireland. Although the generalisability of this study is limited by the small sample size the relative prevalence of individual STOPP/START criteria identified reflected national prescribing patterns³ giving a national context to the study.

The decision to continue or discontinue a medicine should be shared with patients and working within the constraints of our current system it is easier for prescribers to continue a medicine rather than to stop it, even if they suspect it is potentially inappropriate.⁴ iSIMPATHTY reviews resulted in substantially greater reductions in PIP than interventions to address PIP that failed to employ shared decision making.^{5,6} Higher resolution of PIP resulted in greater improvements in Patient Reported Outcome Measures (PROMs).

Conclusion

Delivery of the iSIMPATHTY medication review service in the Irish GP practice setting significantly improves both prescribing appropriateness and Patient Reported Outcome Measures (PROMs). iSIMPATHTY reviews reduce PIP to a greater extent than interventions that fail to involve the patient in decision making. Further research might explore the positive relationship found between the extent in reduction in PIP and reported improvements in PROMs.

References

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