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“Deprescribing”: assessing the attitude of patients with chronic diseases towards this concept in public primary healthcare clinics in Singapore

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Background & Aim: Public primary healthcare clinics (polyclinics) in Singapore manage almost half of the patients with chronic diseases. Inappropriate medication prescription and polypharmacy amongst this group of patients are common. As such practices are associated with adverse outcomes such as increased risk of fall, adverse drugs events, hospitalisations and death, they should be curtailed. However, it is unknown whether these patients are receptive to the reduction of medications. An approach coined “deprescribing” has been used to describe a patient-centred process of optimising medication regimens.

The study aimed to determine the attitudes of patients towards their medication regimens and to identify factors that might influence acceptance of “deprescribing”.

Method: A questionnaire survey using the validated Patients’ Attitudes Towards Deprescribing (PATD) and the Wake Forest Physician Trust Score (WFPTS) was conducted at 2 polyclinics in Singapore. The target participants were multi-ethnic Asian patients on at least 5 medications for their chronic diseases treatment. Mann-Whitney U test was used to compare ordinal items in demographics groups, while correlation analysis for the willingness to stop medication (outcome) and Spearman Correlation was used to test the other 5-point ordinal items. A $p < 0.05$ was considered statistically significant.

Results: The study population comprised 136 patients, 41.2% females, Chinese(69.9%), Malay(8.8%) and Indians(15.4%), with median age of 68 years, 4 chronic medical conditions and 6 prescription medications. 93.4% of patients were willing to stop one of their medications if advised by the doctor. Factors in favour of “deprescribing” included younger age (<65 years old), non-possession of medication-discount card and increased physician trust scores (WFPTS). The number of regular medications and number of co-morbidities were not associated with patients’ willingness to stop a medication.

Conclusions: Majority of the patients were willing to cease a non-essential medication. Age, social privilege and physician trust influenced their acceptance of “deprescribing”.