Willingness to Deprescribe Among People Living with Dementia and Mild Cognitive Impairment

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Objectives

There is limited information about how people living with cognitive impairment and dementia feel about deprescribing and also there is inconsistent evidence whether patients' characteristics are associated with beliefs about medicines and willingness to deprescribe. Our objectives were to:

- Assess attitudes towards deprescribing among cognitively impaired individuals.
- Survey patients or their care partners about their attitude towards deprescribing using revised Patients' Attitudes Towards Deprescribing (rPATDcog) questionnaire.

Methods

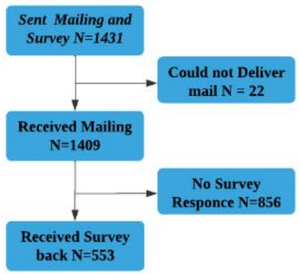
The OPTIMIZE study is a pragmatic, cluster-randomized trial educating patients and clinicians about deprescribing. The rPATDcog survey was administered with patient and care partner educational materials as part of the intervention.

Study population:

- 65+ years old
- Diagnosed with dementia or mild cognitive impairment
- Have one or more chronic conditions besides dementia or mild cognitive impairment
- Prescribed at least 5 chronic medications
- Must have upcoming appointment with their primary care clinics

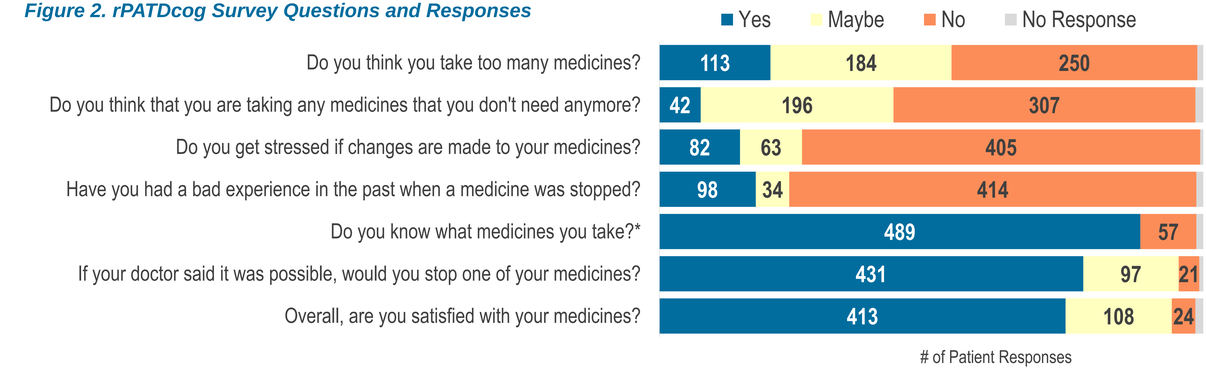
Patients in long term care or hospice were excluded from recruitment.

Figure 1. Flow Diagram for rPATDcog Survey Outreach



Results

Figure 2. rPATDcog Survey Questions and Responses



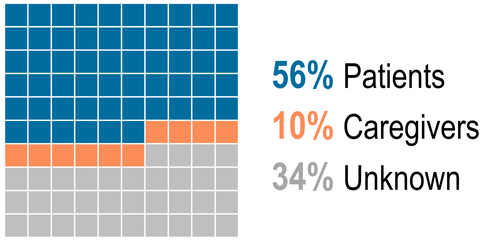
*We did not include the Follow up question (If no, do you have an up-to-date list of your medicines?) to this graph. Among persons who responded 'no', 46(81%) reported having a list of their medications.

Table 1. Characteristics of Participants who Returned the Survey (Responder) vs Non-responders

	Responder		Non-Responder		
	N	%	N	%	P Value[a]
Total	553		856		
Age					0.47
Mean (SD)	80.08 (7.43)		79.78 (7.55)		
Gender					0.02
Female	290	52.44%	502	58.64%	
Male	263	47.56%	354	41.36%	
Race/Ethnicity					0.02
Hispanic	31	5.61%	87	10.16%	
Non-Hispanic White	454	82.10%	633	73.95%	
Non-Hispanic Black	37	6.69%	77	9.00%	
Non-Hispanic Indian	2	0.36%	6	0.70%	
Non-Hispanic Asian	8	1.45%	18	2.10%	
Other	15	2.71%	27	3.15%	
Unknown	6	1.08%	8	0.93%	
ADRD vs MCI Only					0.004
MCI Only	145	26.22%	168	19.63%	
ADRD	408	73.78%	688	80.37%	
Chronic Medications					0.16
Mean(SD)	7.04 (2.17)		6.94 (2.10)		
Chronic Conditions					0.12
Mean (SD)	8.27 (3.01)		8.62 (3.32)		
On 1+ PIMs					0.06
Yes	153	27.67%	277	32.36%	

[a]P values from Chi-square tests for categorical variables, T-test for age and Kruskal Wallis tests for remaining continuous and count variables, PIMs – Potential inappropriate Medications, ADRD - Alzheimer's Disease and Related Dementias, MCI – Mild Cognitive Impairment

Figure 3. rPATDcog Survey Responses by Participant Type



Conclusion

- A high proportion of patients living with dementia and cognitive impairment were willing to deprescribe if their doctor said it was possible.
- These findings can be used to educate clinicians and encourage patients to discuss deprescribing with their clinicians.

Future Directions

Future work will explore the association between patients' characteristics and their willingness to deprescribe.

- Learning more about how people living with dementia and cognitive impairment feel about their medicines and deprescribing can help inform optimizing medication use in research and practice.
- Optimization of medication use including deprescribing of inappropriate medications may lead to reduced medicine-induced harm and improve quality of life.

Limitations

- The results are limited to members of the Kaiser Permanente Colorado integrated, not-for-profit healthcare delivery system.
- There could be non-response bias, Male and minority populations were less likely to respond limiting our generalizability.
- This survey may be subject to social desirability bias, but as the survey was conducted in the home and not sent to their primary care clinician, we anticipate this would have minimal effect on the results.

References

Bayliss EA, Shetterly SM, Maiyani M, et al. Deprescribing Education vs Usual Care for Patients With Cognitive Impairment and Primary Care Clinicians: The OPTIMIZE Pragmatic Cluster Randomized Trial. JAMA Intern Med. Published online March 28, 2022. doi:10.1001/jamainternmed.2022.0502

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