

Deprescribing interventions and their impact on medication adherence in community-dwelling older adults with polypharmacy: a systematic review. Abstract only

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Introduction - Polypharmacy, and the associated adverse drug events such as non-adherence to prescriptions, is a common problem for elderly people living with multiple comorbidities. Deprescribing, i.e. the gradual withdrawal from medications with supervision by a healthcare professional, is regarded as a means of reducing adverse effects of multiple medications, including non-adherence. This systematic review examined the evidence for deprescribing as an effective strategy for improving medication adherence amongst older, community dwelling adults.

Methods – Eight scientific databases were searched for quantitative and qualitative studies evaluating the effect of deprescribing or medication review interventions on medication adherence measures in community dwelling older adults with polypharmacy, in accordance with the PRISMA reporting statement. Prospero number CRD42017075315

Results – A total of 21 original studies involving 5840 patients met the eligibility criteria and underwent quality appraisal and data extraction processes. Deprescribing and adherence (as a secondary outcome) was identified in randomised controlled trials, observational and cohort studies in 12 countries between 1996-2017. There was a large variation in assessment of adherence and follow-up period. Intervention type varied considerably, but were most commonly delivered by pharmacists (16/21 studies). Overall 13 of the 21 studies reported improved medication adherence after deprescribing or medication review interventions, however only 4 study interventions actually resulted in statistically significant reductions in medication burden. Of these, all resulted in improved adherence rates.

Conclusions - Improved adherence may result from medicines review procedures in community dwelling elderly people but may not be as a result of an overall reduction in medications taken. The lack of evidence and the inconsistency of data suggest the need for further consensus building in deprescribing practice, focusing on the efficacy of medicines management interventions on individual and population health outcomes. **words 283**