Using an Inventory of Senior and Senior-Serving Organizations to Reach and Engage Seniors in Deprescribing

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Disclosure Statement

I have no actual or potential conflict of interest in relation to this topic or presentation

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Topics

• The Canadian Deprescribing Network

• Polypharmacy and deprescribing

• The Behavioural Change Wheel: capabilities, motivation and opportunities

• The Inventory – structure, scope and use
Who We Are
A national/provincial/territorial partnership of health care providers, academics, policy-makers and patients/patient advocates.

Our Goals
1. Reduce inappropriate prescribing to seniors who are taking multiple drugs
2. Promote access to safer drugs and non-drug strategies
3. Inform the public and healthcare providers about resources for deprescribing
4. Carry out research on deprescribing – National Survey of Seniors in Canada (2016 – 2665 seniors)
Canadian seniors and polypharmacy

• 2/3 of seniors take 5 or more different medications

• 32% of seniors between 75-84 take more than 10 medications

• 42% of senior women and 31% of senior men take inappropriate meds

• Seniors are more vulnerable to medication effects and harms
Seniors’ view of deprescribing

• 6.9% are aware of the term “deprescribing”

• 76% are aware medications can be harmful

• 42% have discussed stopping meds with their doctors

• 71% are willing to stop a medication if a doctor says it is harmful
BEHAVIOURAL CHANGE WHEEL (Richie et al., 2011)
Behavioural change wheel

Behavioural change requires the consideration of three essential characteristics of the target group

- CAPACITY
- MOTIVATION
- OPPORTUNITY
Capacity of seniors: independence, community engagement, positivity, experience

- 92.1% of seniors live in their own homes
- 74% have a sense of community belonging
- 50% of men/ 37.5% of women are physically active
- 89% satisfied or very satisfied with life
- 25% of seniors work

- Seniors have “crystallized memory” —experience, context, and ability to interpret
Challenges affecting seniors' capacity to deprescribe

**PERSONAL**

- Multiple health problems/ vision limitations/memory/drug effects
- Lack of confidence/ decision-making
- Resistance to stopping drugs – pessimism, worries about health stability, passivity
- Concerns about alienating doctors

**TECHNICAL** - Computer Access, skills and confidence (for some!)

**CONTEXTUAL**

Motivation: What motivates seniors to consider deprescribing?

- Not feeling well / adverse drug effects
- Complexity of taking multiple drugs
- Support from doctors, family members
- Peer group support and modelling
- Reassurance that the benefits outweigh the risks
- Targetted information and education/ non-drug options
Opportunities: What help do seniors need to consider desprescribing

• Access to credible and accessible information about the prescription drugs they are taking

• Clinician willingness and time—shared decision-making

• Regular medication reviews that are acted upon

• Specific tapering advice

• Support from family members
Inventory of senior and senior-serving organizations: description and scope

**1105 organizations**

- Pensioner, retirees - unions, teachers, academic, military
- Social groups and clubs
- Specific membership groups- advocacy, cultural, recreational
- Independent living/ retirement housing/home care support
- Disease awareness
## Location of inventory organizations

<table>
<thead>
<tr>
<th>Location of Seniors Organizations</th>
<th>Number and Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>157</td>
</tr>
<tr>
<td>AB</td>
<td>120</td>
</tr>
<tr>
<td>SK</td>
<td>33</td>
</tr>
<tr>
<td>MB</td>
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<td>ON</td>
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<td>PE</td>
<td>20</td>
</tr>
<tr>
<td>NL</td>
<td>27</td>
</tr>
<tr>
<td>YT and NT</td>
<td>9</td>
</tr>
<tr>
<td>National Umbrella and Other Regional</td>
<td>50</td>
</tr>
</tbody>
</table>
Advantages of the inventory

• Membership scope - 40%-50% of seniors 65-74 are engaged in volunteer activities

• Many organizations are structured and have staffing

• Widely dispersed: regional and local chapters

• Newsletters are common and widely distributed

• Broad mandates include health and active living
## Scope of some intermediary organizations

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Seniors Care (30 residences, 5 provinces)</td>
<td>Est. 12,000 residents</td>
</tr>
<tr>
<td>Congress of Union Retirees</td>
<td>500,000</td>
</tr>
<tr>
<td>Retired Teachers Association of Ontario</td>
<td>75,000</td>
</tr>
<tr>
<td>FADOQ : Fédération de l’Age d’Or du Québec</td>
<td>475,000</td>
</tr>
<tr>
<td>BC Government Retired Employees Association</td>
<td>9000</td>
</tr>
</tbody>
</table>
Challenges of a web-based inventory

Currency – dead links

Reorganization/amalgamation

Declining memberships

Concern about commercial contacts, spam/member privacy

“Out of the blue” contacts may arouse suspicion
Using the inventory effectively

• Target dissemination of information to organizational type

• Use multiple stage contact: personalized introductions

• Find the right contact person in the hierarchy

• Distribute deprescribing information through newsletters

• Adapt deprescribing materials to the needs of seniors
Effective methods to engage seniors in deprescribing and appropriate drug use

Is the method:

- Targetted
- Appropriate
- Accessible
- Relevant
SOURCES


