



Attitudes towards deprescribing among multi-ethnic community-dwelling older patients and caregivers in Malaysia: a cross-sectional questionnaire study. A Comment

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Abstract

Understanding older adult and caregiver attitudes towards deprescribing will contribute to medication optimization in clinical practice. The objectives of this study were to explore quantitatively the attitudes and beliefs of older adults and caregivers towards deprescribing and identify participant characteristics that were associated with willingness to have a medication deprescribed. This study was conducted in a government-led primary care health clinic and three private community pharmacies in Malaysia with older adults and caregivers of older adults. The revised patients' attitudes towards deprescribing (rPATD) questionnaire was administered. The rPATD questionnaire had four factors in both older adults' and caregivers' versions of the questionnaire (with four to five questions retained in each factor) alongside two global questions that were not included in any of the scoring factors. Our revised statement of main findings now states that most of older adult ($n = 340$, 67.7%) and caregiver ($n = 34$, 65.4%) participants agreed or strongly agreed that they would be willing to stop one or more of their or their care recipient's medications if their or their care recipient's doctor said it was possible to do so.

Keywords Cross sectional study · Deprescribing · Malaysia · Primary care · Questionnaire

Dear Editor,

We wish to clarify and provide some additional input into our paper entitled “Attitudes towards deprescribing among multi-ethnic community-dwelling older patients

and caregivers in Malaysia: a cross-sectional questionnaire study” which was recently accepted and published in the International Journal of Clinical Pharmacy [1]. In this study, we adopted the revised patients' attitudes towards deprescribing (rPATD) questionnaire developed by Reeve et al. [2] which contains 22 items for older adults and 19 items for caregivers. We have noted some inaccuracies in data analysis which we would like to clarify.

Firstly, in our paper, we stated that 67.7% ($n = 340$) of the patients would like to try stopping or reducing the dose of their medicines, especially when their doctor recommended. This may have caused some confusion due to the structure of the question. As such, it would be correct if the statement read as “Most of the older adults ($n = 340$, 67.7%) agreed they would be willing to stop one or more of their regular medications if their doctors said that was possible”.

In our tables, we have also provided readers with a total score for all each domain. As deprescribing has been gaining attention and traction over the past few years, we believe that it would be more beneficial to provide the readers with the average scores for each factor for both patients and caregivers so it would allow for better cross comparison in the

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future (Table 3 and Appendix Table 3). The new amended tables are as follow:

Table 3 (main article): Correlation of responses within the revised patients' attitude towards deprescribing with average domain scores with participants' demographics

| Question | Burden score | Appropriateness score | Concerns about stopping score | Involvement score |
|---|----------------------|-----------------------|-------------------------------|----------------------|
| Age | 0.022; $p=0.6269$ | 0.054; $p=0.227$ | -0.087; $p=0.051$ | 0.267; $p<0.001$ |
| Gender | -0.031; $p=0.494$ | -0.018; $p=0.685$ | 0.022; $p=0.615$ | 0.007; $p=0.869$ |
| Educational level | 0.070; $p=0.120$ | 0.045; $p=0.319$ | 0.118; $p=0.009$ | -0.211; $p<0.001$ |
| Number of medication taken | -0.344; $p<0.001$ | -0.219; $p<0.001$ | -0.191; $p<0.001$ | 0.052; $p=0.241$ |
| Number of medical center managing the patient | -0.181; $p<0.001$ | -0.130; $p=0.004$ | -0.151; $p=0.001$ | 0.057; $p=0.207$ |

Greater concerns about stopping were associated with greater concerns about medicine in general

The two global questions were not included in any of the scores

* p Value based upon Spearman's correlation test

Supplementary Table 3 (main article): Average domain scores of the revised patients' attitudes towards deprescribing (rPATD) questionnaire in different settings

| Variable | Health clinic (Average score) | Community pharmacy (Average score) |
|--------------------------------|-------------------------------|------------------------------------|
| <i>Older adults' version</i> | | |
| Burden factor | 2.463 | 3.133 |
| Appropriateness factor | 3.452 | 3.071 |
| Concerns about stopping factor | 2.598 | 2.749 |
| Involvement factor | 3.430 | 3.970 |
| Global questions | NA | NA |
| <i>Caregivers' version</i> | | |
| Burden factor | 2.984 | 3.563 |
| Appropriateness factor | 3.930 | 2.975 |
| Concerns about stopping factor | 2.656 | 3.413 |
| Involvement factor | 3.305 | 3.913 |
| Global questions | NA | NA |

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Conflicts of interest The authors declare that they have no conflict of interest.

Ethics Approval The study was approved by the Medical Research and Ethics Committee Malaysia (NMRR-17-1591-36723) and the Monash University Human Research Ethics Committee (2017-11335-14404).

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