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I'M SURE I NEED THEM ALL: OLDER ADULTS' EXPERIENCES OF POLYPHARMACY AND DEPRESCRIBING

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Background: Polypharmacy refers to the simultaneous use of five or more prescription medications. The risks of Polypharmacy include adverse drug reactions, falls/fractures, declines in physical functioning, financial burden, and increasing hospitalizing and mortality rates. To mitigate the risks of Polypharmacy, health care providers and patients are exploring the viability of discontinuing or tapering off medications that are not necessary.

Objective: The objective of this study is to better understand the perspectives of older adults toward Polypharmacy and deprescribing as a component of their on-going medical care. Insights drawn from the experiences of older adults who are going through the process of tapering are valuable in developing a set of best practices in this area both for patients and practitioners.

Methods: This qualitative study is situated within a larger project on deprescribing as a standard preventative care option for older adults. This larger study is a randomized controlled trial with a deprescribing program as the intervention, while the control group receives usual standard of care. In-depth qualitative interviews are conducted with both sets of participants about the meaning of their prescription medications in managing their health.

Findings: Preliminary data collection and analysis has identified three key themes. Firstly, medications are active social agents, supporting and facilitating diverse social relationships. Secondly, medications present complex paradoxes that the individual negotiates, particularly the dilemma that medications are needed despite concern that they may cause harm. Lastly, diverse sources of lay knowledge underpin Polypharmacy and deprescribing, thus legitimizing alternative logic sources beyond the biomedical in understanding how people make sense of their medications.

Conclusion: On-going data collection and analysis seeks to further unpack these themes and identify additional emerging themes. This will ultimately contribute to the emerging scholarly literature on medication reduction by supporting the design and implementation of effective tapering programs for medical practice.

Biography

James Gillett is working as an Associate Professor in Health Aging and Society. James Gillett's key areas of research include: human animal relationships; sport, leisure and recreation; mental health and well-being; media and communications; perspectives on living with health and illness across the life course; and inquiry as an approach to education and learning. His research is primarily qualitative and interpretative and is situated in social psychological and sociological theories and research perspectives. James' work brings an important component to the Department of Health, Aging and Society, with its mandate to view aging and health as a social, political and historical process.

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