

## DR MINESH PATEL, DR VARSHA SAJEESH

**Background**

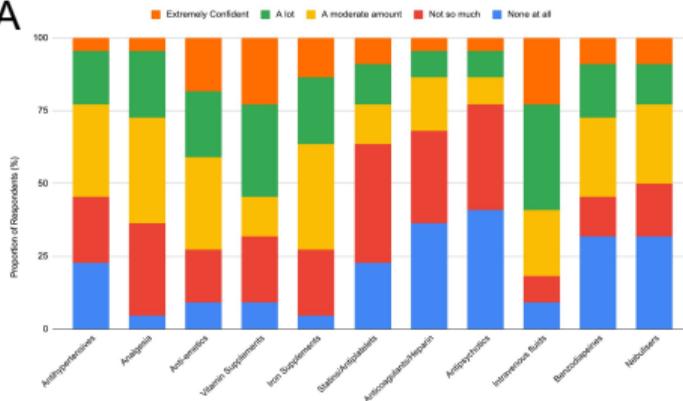
- The benefits of deprescribing are **well-documented**<sup>[1][2]</sup>. Safe deprescribing is a means of reducing polypharmacy<sup>[3]</sup>.
- Anecdotally, junior doctors report low confidence in deprescribing. Thus, our original work was to assess the confidence levels of British junior doctors in deprescribing common medications and in a range of scenarios.
- However, we **extended** our work to include junior doctors in Australia
- A study was conducted among junior doctors working in Australia via a survey with the following aims:
  - I. To **investigate** junior doctors' confidence in deprescribing common medications and in pertinent clinical scenarios.
  - II. To **evaluate** the benefit of formal teaching for doctors on deprescribing.

**Methods**

- An **anonymized** survey was circulated to junior doctors in Australia via social media
- Responses were collated and quantitative analysis undertaken

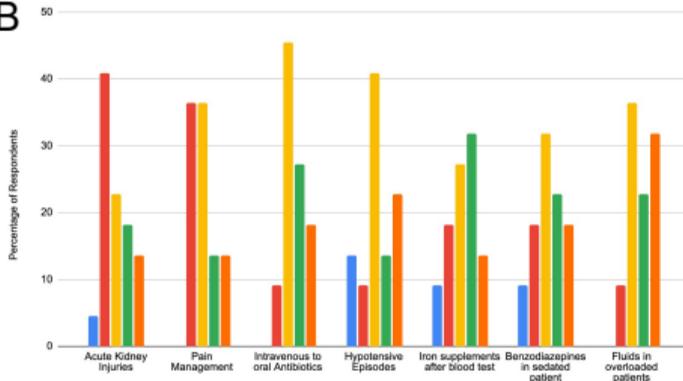
**Results**

- I. The confidence levels of junior doctors in deprescribing common medications and in relevant clinical scenarios are visually illustrated in **Figure A** and **Figure B** respectively
- II. **63.6%** (14/22) of respondents reported that formal deprescribing teaching would be beneficial by "a lot", **36.4%** (8/22) relayed that teaching would be beneficial by a "moderate" amount

**A**

**Figure A** – A stacked column chart illustrating the varying confidence levels of sampled junior doctors in deprescribing **common medications** as a proportion of respondents (%)

**Figure B** – A bar chart showcasing the differing confidence levels of junior doctors in deprescribing during common **clinical scenarios** as a proportion of respondents

**B****Conclusion**

- I. Our data shows a **broad variation** in deprescribing confidence across all types of medications and clinical scenarios.
  - Medications: Doctors were most confident in deprescribing **vitamin supplements, iron supplements and anti-emetics**. On the contrary, they were least confident in deprescribing anticoagulants/heparin and anti-psychotics
  - Clinical scenarios: High levels of confidence shown in deprescribing fluids, intravenous to oral antibiotics and in hypotensive episodes. Relatively low levels of confidence in deprescribing in **pain management and acute kidney injuries**.
- II. All respondents reported that a formal teaching program on deprescribing will be **beneficial**

**Discussion**

- This study demonstrates that a clear formal teaching program on deprescribing will benefit junior doctors.
- Furthermore, our work has illustrated certain areas of focus for deprescribing teaching in the Australian medical curriculum
- **Further work to consider:** A survey to evaluate the optimal form of teaching safe deprescribing to doctors. Further work includes assessing undergraduate exposure to deprescribing at medical school.

**References**

1. Reeve E, Shakib S, Hendrix I, Roberts M, Wiese M. The benefits and harms of deprescribing. *Medical Journal of Australia*. 2014;201(7):386-389.
2. Hillmer S, Gnjidic D. Deprescribing: the emerging evidence for and the practice of the geriatrician's salute. *Age and Ageing*. 2018;47(3):e338-640.
3. Garfinkel D, Ilhan B, Bahar G. Routine deprescribing of chronic medications to combat polypharmacy. *Therapeutic Advances in Drug Safety*. 2015;6(6):212-233.