



## Linking Patients' Goals and Priorities to Recommendations for Medication Changes in a Polypharmacy-Focused Structured Clinical Pathway

### Why did we do this study?

Polypharmacy, often defined as the use of 5 or more long-term medications, is associated with many negative health outcomes in older adults, including increased risk of hospitalizations, falls, adverse drug reactions, and cognitive impairment. Deprescribing is a planned method to reduce polypharmacy and optimize a patient's medications by attempting to stop, reduce or switch drugs where the risks may outweigh the benefits. Deprescribing can be difficult and often focuses on a single-disease model rather than a holistic approach that considers the patient's unique medical context. Deprescribing frequently relies heavily on a provider's evidence-based clinical knowledge and on lists of medications labelled as "potentially inappropriate". They often exclude a vital piece: the patient's goals and priorities for their own health care and treatment.

### What did we do?

The Team Approach to Polypharmacy Evaluation and Reduction (TAPER) structured clinical pathway was developed to help center patients' wants and needs in relation to their medications. This approach explicitly asks patients to identify functional goals and symptom priorities that are important to them, and how they feel their medications may either help or hinder. These goals and priorities are then made available to clinicians over the course of two deprescribing-focused appointments – one with a pharmacist and one with their primary care provider. Recommendations for medication changes are made by clinicians at these appointments, and shared decision-making is used to center the patient's needs and desires throughout the TAPER process.

This study used data from a feasibility trial of the TAPER pathway to describe the number and types of functional goals and symptom priorities patients considered important. Additionally, this study explores how and if patients' stated goals and priorities were taken into consideration during describing conversations by mapping them to recommendations for medication changes during the TAPER appointments.

### Key findings:

- When asked directly, patients can identify a range of functional goals and symptom priorities related to their medications and health. All 33 included patients identified at least one functional goal or symptom priority.
- A total of 55 functional goals were listed by patients. The top 3 goals were improve walking, participate in more physical activity, and improve breathing.
- A total of 66 symptom priorities were listed by patients. The top 3 priorities were: symptoms/side effects of blood pressure control, diabetes-related symptoms, and cardiovascular-related symptoms.



- Of 154 recommendations for medication changes, 68 (44%) were mapped to patients stated goals and priorities. The rest were based on clinical judgement of care providers.
- Patient goals and priorities can help guide conversations and decisions about medications when combined with current evidence and health care provider knowledge.
- Overall, the TAPER approach enables patient-centred discussions about medications in primary care settings.

### Bottom line:

The goals, wants, and needs of patients are not often considered during discussions around medications and treatment. The TAPER clinical pathway enables patients to identify their functional goals and symptom priorities and makes them directly visible to clinicians during shared decision-making conversations about deprescribing. This study shows that patients can identify their health- and medication-related goals and priorities, and that these goals and priorities can be successfully integrated into conversations around deprescribing and medication use. This study signals that the TAPER clinical pathway may be a useful tool for facilitating patient-centred medication management.

### Citation:

Mangin D, Lamarche L, Freeman K, et al. Linking Patients' Goals and Priorities to Recommendations for Medication Changes in a Polypharmacy-Focused Structured Clinical Pathway. *Journal of Patient Experience*. 2023;10. doi:10.1177/23743735231174762

[Read the full article here](#)

For more information, please contact: Dee Mangin, [mangind@mcmaster.ca](mailto:mangind@mcmaster.ca)