ABSTRACT
Background/Objectives: Attitudes toward deprescribing could vary among subpopulations. We sought to understand patient attitudes toward deprescribing among patients with heart failure with preserved ejection fraction (HFpEF), a subpopulation with a chronic debilitating condition where polypharmacy is nearly universal.

Design: Retrospective cohort study

Setting: Academic medical center in New York City

Participants: Consecutive patients with HFpEF seen in July 2018-December 2019 at a program dedicated to providing care to older adults with HFpEF

Measurements: We assessed the prevalence of vulnerabilities outlined in the domain management approach for caring for patients with heart failure, and examined data on attitudes toward deprescribing via the revised Patient Attitudes Toward Deprescribing (rPATD). We examined bivariate associations between patient desire to deprescribe (from the rPATD) and factors such as demographics and vulnerabilities across multiple domains.

Results: Among 134 patients with HFpEF, the median age was 75 (interquartile range 69-82), 60.4% were women, and 35.8% were non-White. All had vulnerabilities in at least one of the 4 domains from the domain management approach for caring for patients with heart failure. Almost all patients had polypharmacy (94.0%) and 56.0% had hyperpolypharmacy; multimorbidity (80.6%) and frailty (78.7%) were also common. Overall, 90.3% were amenable to deprescribing if told it was possible by their doctors; and 26.9% had an active desire to deprescribe. Notably, 91.8% of patients reported that they would like to be involved in decisions about their medicines. In bivariate logistic regression, non-White participants were less likely to have an active desire to deprescribe one of their medications (OR 0.25, 95% CI 0.09-0.62, p-value=0.005).

Conclusions: Patients with HFpEF contend with myriad vulnerabilities that could prompt consideration for deprescribing. Most patients with HFpEF were amenable to deprescribing. Race may be an important factor that impacts patient attitudes toward deprescribing.

Key Words: heart failure, polypharmacy, frailty
Patient Attitudes Towards Deprescribing
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Running Title: HFpEF and rPATD

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