

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

Among Adults with Heart Failure with Preserved Ejection Fraction

Pedram Navid MD^{1*}, Linh Nguyen BS^{2*}, Diana Jaber BA³, Kate Zarzuela MD¹, Mahad Musse MD¹,

Marcos Lu Wang BA,⁴ Tatiana Requiño BS,⁴ Elissa Kozlov PhD,⁵ Ruth Masterson Creber PhD,⁶

Sarah N. Hilmer MBBS PhD,⁷ Mark Lachs MD MPH¹, Parag Goyal MD MSc¹

Department of Medicine, Weill Cornell Medicine (New York, NY)¹

University of Colorado School of Medicine²

School of Medicine & Health Sciences, George Washington University (Washington, DC)³

Weill Cornell Medical College, (New York, NY)⁴

Institute for Health, Health Policy and Aging Research, Rutgers University (New Brunswick, NJ)⁵

Department of Population Health Sciences, Weill Cornell Medicine (New York, NY)⁶

School and Kolling Institute of Medical Research, University of Sydney (Sydney, Australia)⁷

* Pedram Navid and Linh Nguyen contributed equally to this work and are joint first authors

Running Title: HFpEF and rPATD

Sources of Funding: Dr. Goyal is supported by NIH/NIA grant K76AG64428. Ms. Nguyen and Ms. Jaber were supported by the National Institute on Aging through the Medical Student Training in Aging Research (MSTAR) Summer Fellowship program. Dr. Masterson Creber is supported by NIH/NINR grant R00NR016275.

Abstract Word Count: 287 (300); **Manuscript Word Count:** 2027 (2000); **Tables:** 2; **Figures:** 1

Address for Correspondence:

Parag Goyal MD, MSc, FACC

Department of Medicine, Weill Cornell Medicine

420 East 70th Street, New York, NY 10021

Phone: 646-962-7571, Fax: 212-746-6665

E-mail: pag9051@med.cornell.edu