Patient Attitudes Towards Deprescribing Among Adults with Heart Failure with Preserved Ejection Fraction

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Introduction
As the population ages, heart failure with preserved ejection fraction (HFpEF) is increasingly prevalent, and is estimated to affect over 3 million older people across the United States.1 Because HFpEF disproportionately impacts older adults2 and its pathophysiology is closely intertwined with aging processes, HFpEF has been described as a geriatric syndrome.3 Indeed, polypharmacy and complex medication regimens are nearly universal in HFpEF,2,4 and conditions that impact the risk-benefit ratio of many medications, such as frailty and cognitive impairment, are also highly prevalent.3,5 Given these vulnerabilities, adults with HFpEF have emerged as an important target population for deprescribing efforts.2

Patient attitudes toward deprescribing are an essential part of a patient-centered approach to medication optimization.2 Patient attitudes have previously been explored nationally4 demonstrating support, but attitudes could differ across specific subpopulations as they may have unique barriers that could impact attitudes toward deprescribing. The objective of this study was to understand patient attitudes toward deprescribing among patients with HFpEF—a subpopulation.

Methods
We conducted a retrospective study of 134 patients with HFpEF seen between July 2018 and December 2019 at the Weill Cornell HFpEF Program. HFpEF was defined according to the presence of clinical characteristics of heart failure based on physician assessment with a documented left ventricular ejection fraction (LVEF) of at least 40% on the most recent echocardiogram within 6 months of the encounter.

The revised Patient Attitudes Toward Deprescribing tool (rPATD) is a 22-question survey that assesses a patient’s attitude toward their medications and the potential discontinuation of a medication.2 Questions address four key domains: Burden, Appropriateness, Concerns, and Involvement; and include two additional Global questions that assess willingness to accept deprescribing and overall satisfaction with current medications. Questions are scored on a 5-point Likert scale. We administered the rPATD at each patient’s first clinical encounter in the Weill Cornell HFpEF program.

Results
Table 1. Participant Characteristics
Table 2. Vulnerabilities of Participants Across Four Domains of Health

Overall, 68.7% of the patients were satisfied with their current medications. However, 90.3% were amenable to deprescribing if told it was possible by their doctors; and 29.9% had an active desire to deprescribe. 46.9% of the patients felt they were taking a large amount of medications, but only 22.3% felt that their current medications were a burden. 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).

Discussion
Limitations of the study include data derived from a single institution, which may impact generalizability. Additionally, patients were all seen at a specialized HFpEF Program, which may represent a selected subpopulation of adults with HFpEF. Furthermore, the small sample size precluded conducting a multivariable analysis. Future analyses incorporating larger sample sizes and/or qualitative study design are needed to better understand the role of non-clinical factors on patient attitudes toward deprescribing.

In a simple bivariate analysis, we found that non-White patients 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). However, 91.8% of patients reported that they would like to be involved in decisions about their medicines.

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