

# Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis

Joanne Reeve,<sup>1\*</sup> Michelle Maden,<sup>2</sup> Ruaraidh Hill,<sup>2</sup>  
Amadea Turk,<sup>3</sup> Kamal Mahtani,<sup>3</sup> Geoff Wong,<sup>3</sup>  
Dan Lasserson,<sup>4</sup> Janet Krska,<sup>5</sup> Dee Mangin,<sup>6</sup>  
Richard Byng,<sup>7</sup> Emma Wallace<sup>8</sup> and Ed Ranson<sup>9</sup>

<sup>1</sup>Academy of Primary Care, Hull York Medical School, University of Hull, Hull, UK

<sup>2</sup>Liverpool Reviews and Implementation Group, Institute of Population Health, University of Liverpool, Liverpool, UK

<sup>3</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

<sup>4</sup>Health Sciences, Warwick Medical School, University of Warwick, Coventry, UK

<sup>5</sup>Medway School of Pharmacy, Universities of Greenwich and Kent, Chatham, UK

<sup>6</sup>Department of Family Medicine, McMaster University, Hamilton, ON, Canada

<sup>7</sup>Community and Primary Care Research Group, Peninsula Medical School, University of Plymouth, Plymouth, UK

<sup>8</sup>Department of General Practice, RCSI University of Medicine and Health Sciences, Dublin, Ireland

<sup>9</sup>Liverpool, UK

\*Corresponding author [Joanne.Reeve@hyms.ac.uk](mailto:Joanne.Reeve@hyms.ac.uk)

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## Plain English summary

The TAILOR evidence synthesis

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## Plain English summary

Many patients take multiple medicines, every day, on a long-term basis. Some feel overloaded by their medicines. However, both doctors and patients have told us that they feel anxious about knowing when and how to safely stop medicines. TAILOR aimed to help by providing the information that doctors and patients need to make individual (tailored) decisions about whether or not to stop (deprescribe) medicines.

We had two research questions and so used a different research method to answer each. Both methods involved us first finding all the published research looking at deprescribing for older people living with long-term conditions and using five or more medicines a day.

Our first (scoping) review produced a map of what we know about deprescribing: how it is done and if it is safe. We found evidence that structured deprescribing can be safe and acceptable to clinicians, but specific effects were very varied and patient views were often not reported.

Our team's patient partners continuously reminded us that medicines mean more to individuals than just a medical effect (e.g. a 'tablet for my blood pressure'), meaning that our research needed to describe good person-centred deprescribing. Our second (realist) review focused on this by looking at if and how tailored deprescribing decisions happen. Our results showed that health-care services need to give clinicians the permission and resources they need to work with patients to develop a joint understanding of the value of medicines, to guide decisions about using/changing medicines, and so to build and maintain trust.

Our findings remind us that decisions about medicines are personal. We need to remember that any changes in medicines affect not just an individual's disease, but also their understanding of their health and health care. Our work makes recommendations on how future practice and research can be more person centred. We are now working with patients and health-care professionals to share our findings with a wide audience.



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