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1 Background

- Polypharmacy and inappropriate medication use are common among Saudi older adults aged 65 years and older, with two-thirds taking five or more medications¹ and nearly one-third using inappropriate ones.²
- Regular medication reviews, including deprescribing (supervised withdrawal of medicines), are essential for optimising healthcare. The success of deprescribing depends on shared decision-making, requiring active involvement from older adults and their caregivers.
- Understanding the attitudes of older adults and caregivers toward deprescribing is essential for implementing effective interventions. This study explored older adults' and caregivers' perspectives on deprescribing in Saudi hospitals and the factors influencing their attitudes.

2 Methods

This cross-sectional survey included older patients (≥ 65 years) taking five or more medications and caregivers (≥ 18 years) responsible for managing medications for older patients. Participants were recruited from two hospitals in southern Saudi Arabia using convenience sampling. Written informed consent was obtained from all participants. Ethical approval was granted by the Ethical Committee, Najran University (015905-036703-DS) and confirmed by the Faculty of Medicine, Health and Life Sciences Research Ethics Committee, QUB (MHLS 24_03). Data were collected using the validated Arabic version of the Revised Patients' Attitudes Towards Deprescribing (rPATD) questionnaire.³ Patients completed the questionnaire face-to-face, with demographic data extracted from medical records and documented on Microsoft® Forms. Caregivers completed the rPATD questionnaire electronically via Microsoft® Forms or on paper, providing both their own demographic information and that of their care recipients.

Descriptive statistics summarised participants' demographic characteristics and responses across four factors: medication inappropriateness, perceived burden, concerns about stopping, and decision-making involvement, along with two global questions. Bivariate analyses examined relationships between participants' characteristics and their questionnaire responses.

3 Results

Questionnaires were completed by 253 participants (126 older patients and 127 caregivers; response rate 87.00%). The summary of patient, caregiver and care recipient characteristics, as reported by their caregiver, is illustrated in Table 1. The key findings are:

Older patients (n=126)

- The majority of patients (n=83, 65.87%), were satisfied with their medications, and 88.10% (n=111) willing to have them deprescribed, as shown in Figure 1.
- Patients taking 5-8 medications were significantly more willing to have medications deprescribed than those taking ≥ 9 medications ($p < 0.001$).
- Married patients were more involved in medication decision-making than non-married patients ($p < 0.05$).

Caregivers (n=127)

- A considerable proportion of caregivers (60.00%, n=76) were satisfied with their care recipients' medications, and 82.68% (n=105) willing to have them deprescribed (Figure 1).
- Caregivers of patients taking ≥ 9 medications reported greater burden associated with managing medications ($p < 0.001$).

3 Results

Table 1: Summary of patient, caregiver and care recipient characteristics

Characteristics	Patients	Caregivers	Care recipients
	(n = 126)	(n = 127)	
Age category in years			
18-24	-	25 (19.69)	-
25-34	-	49 (38.58)	-
35-44	-	39 (30.71)	-
44-50	-	14 (11.02)	-
65-69	67 (53.17)	0 (0.00)	24 (18.90)
70-74	49 (38.89)	0 (0.00)	32 (25.20)
75-79	10 (7.94)	0 (0.00)	32 (25.20)
≥ 80	0 (0.00)	0 (0.00)	39 (30.70)
Sex			
Female	59 (46.77)	59 (46.46)	66 (51.97)
Male	67 (53.23)	68 (53.54)	61 (48.03)
Marital status			
Married	99 (78.60)	96 (75.59)	76 (59.84)
Non-married	27 (21.4)	31 (24.41)	51 (40.16)
Education Level			
Illiterate	16 (12.70)	5 (3.93)	46 (36.22)
Primary	28 (22.21)	7 (5.51)	52 (40.94)
Secondary	37 (29.36)	15 (11.81)	20 (15.75)
High school	35 (27.80)	27 (21.25)	7 (5.51)
University	10 (7.93)	73 (57.50)	2 (1.58)
Number of medications			
5-8	82 (65.07)	-	86 (67.71)
≥ 9	44 (34.93)	-	41 (32.29)

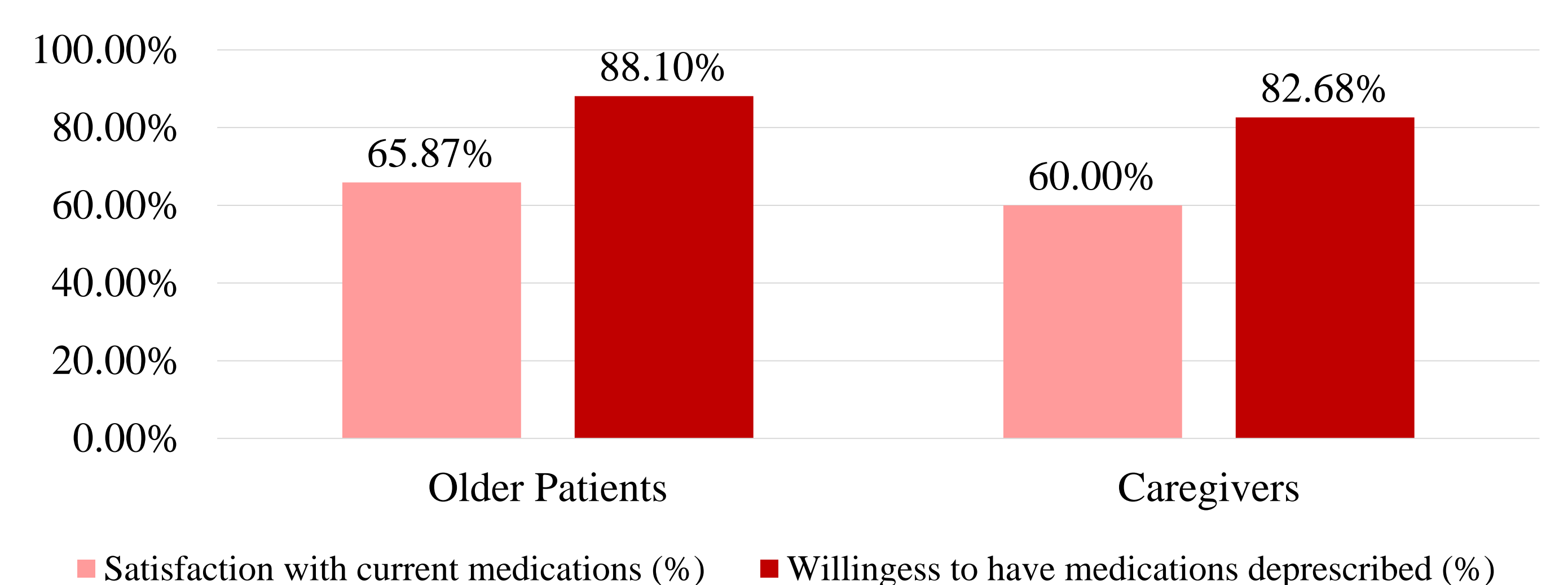


Figure 1: Willingness of participants to have medication deprescribed and satisfaction with current medications

4 Conclusion

Characteristics such as the number of prescribed medications influenced patients' and caregivers' perceptions of medication burden and willingness to have medications deprescribed, while marital status influenced involvement in medication decision-making among patients. These insights may be used to help guide hospital deprescribing interventions.

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6 References

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