

counselling and allow for better understanding of PMLs by older Singaporeans.

AN EXPLORATION OF HOME CARE NURSES' EXPERIENCES IN DEPRESCRIBING OF MEDICATIONS FOR OLDER ADULTS IN THE COMMUNITY

Winnie Sun¹, *1. University of Ontario Institute of Technology, Oshawa, Ontario, Canada*

The aim of this study is to explore the barriers and enablers of deprescribing from the perspectives of home care nurses, as well as to conduct a scalability assessment of an educational plan to address the learning needs of home care nurses about deprescribing. This study employed an exploratory qualitative descriptive research design, using scalability assessment from two focus groups with a total of eleven home care nurses in Ontario, Canada. Thematic analysis was used to derive themes about home care nurse's perspectives about barriers and enablers of deprescribing, as well as learning needs in relation to deprescribing approaches. Home care nurse's identified challenges for managing polypharmacy in older adults in home care settings, including a lack of open communication and inconsistent medication reconciliation practices. Additionally, inadequate partnership and ineffective collaboration between inter-professional healthcare providers were identified as major barriers to safe deprescribing. Further, home care nurses highlighted the importance of raising awareness about deprescribing in the community, and they emphasized the need for a consistent and standardized approach in educating healthcare providers, informal caregivers, and older adults about the best practices of safe deprescribing. Nurses in home care play a vital role in medication management and, therefore, educational programs must be developed to support their awareness and understanding of deprescribing. Study findings highlighted the need for the future improvement of existing programs about safer medication management through the development of a supportive and collaborative relationship among the home care team, frail older adults and their informal caregivers.

PATTERNS OF PSYCHOACTIVE MEDICATION USE IN COMMUNITY-DWELLING OLDER ADULTS IN THE UNITED STATES IN 2015

Rashmita Bajracharya,¹ and Danya Qato², *1. University of Maryland, Baltimore, Maryland, United States, 2. University of Maryland Baltimore, School of Medicine, Maryland, United States*

Per the 2015 Beer's Criteria, most psychoactive medications are identified as potentially inappropriate for use in older adults as this population is especially vulnerable to the potential adverse effects associated with psychoactive medications, including sedation, anticholinergic effects, and falls. Past studies found increasing use of psychoactive medications in community-dwelling older adults; however, patterns of use by other sociodemographic, socioeconomic, and clinical subgroups have not been explored. This is a cross-sectional analysis of 2015 Medical Expenditure Panel Survey in a sample of 6122 older adults (60-85 years). We utilized Andersen's Behavioral Model of Health Services Utilization to guide logistic regression model development and estimated odds ratios (OR) with 95% confidence

intervals (CI) to quantify the association between psychoactive use and predisposing (sex and race); enabling (marital status, education, poverty, insurance); and need-based [multimorbidity and activities of daily living (ADL) limitations] factors. Over 30% of older adults in the U.S. reported taking a psychoactive medication in 2015. Prevalence of use was significantly higher in women (35.9%), the unmarried (34.1%), low-income (35.7%), white (34.0%), multimorbid (32.0%), and ADL limitation groups (45.9%) compared to men, married, high-income, other races, not multimorbid, and no ADL limitations groups, respectively. Female sex [OR=1.62(1.38-1.91)], low-income [OR=1.30(1.04-1.6)], multimorbidity [OR=3.2(2.6-3.9)], and ADL limitations [OR=2.2(1.7-2.8)] were identified as independent predictors of psychoactive use. There is differential use of psychoactive medications by sociodemographic, socioeconomic, and clinical factors. Given the increased complexity of pharmacotherapy regimens, especially in those with multimorbidity and ADL limitations, improved efforts aimed at prudent use of psychoactive medications should be intensified.

WHAT IS THE EVIDENCE BASE FOR NONPHARMACEUTICAL INTERVENTIONS TO DECREASE USE OF PSYCHOTROPIC MEDICATIONS?

German Alarcon Garavito,¹ and Kathleen Abrahamson², *1. Universidad Nacional de Columbia, Bogota, Colombia, 2. Purdue University, West Lafayette, Indiana, United States*

Psychotropic medications (anti-depressants, anti-anxiolytics, anti-psychotics, others), have been targeted as a class of medications that can be reduced among residential long-term care (LTC) residents with proper environmental intervention. Reduction of psychotropic medications has the potential to increase resident health/well-being and decrease costs. However, residential LTC facilities face numerous challenges in reducing psychotropic medications, including but not limited to behavior and communication difficulties in advanced dementia, lack of staff training/awareness of needed environmental modifications, and use of medications to manage the cascade of side-effects that occur with polypharmacy and multi-morbidity in the LTC population. A developed literature exists surrounding non-pharmaceutical interventions to reduce psychotropic use in residential LTC. The goal of this current study was to synthesize that body of literature through a systematic review, and categorize findings in a way that is meaningful to direct-care nursing staff. The search of 13 databases identified 14 studies published since 2007 that focused specifically upon residential care and nurse-led non-pharmaceutical interventions. Identified study designs were experimental (5), observational (3), and systematic reviews/meta-analyses from within 8 countries. Findings were categorized based upon type of intervention (educational, environmental, sensorial, care-approach, physiological, and social), as well the target population. Successful interventions were most commonly targeted toward staff and residents, less commonly toward family. The most common approach was education and change in care-approach, with physiological interventions being the least common. We will discuss the implications for nursing staff surrounding the available evidence, and pros of implementing interventions within different organizational settings based upon the study findings.