OLDER PEOPLES’ ATTITUDES REGARDING POLYPHARMACY, STATIN USE AND WILLINGNESS TO ‘DEPRESCRIBE’

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Background. Deprescribing is the process of medication withdrawal with the aim of reducing the harms of potentially inappropriate medication use and improving patient outcomes. In older people, the appropriate use of statins remains contentious because the evidence for benefit in primary prevention of cardiovascular disease is limited and there is an increased risk of side effects. Objective. To determine older peoples’ attitudes and beliefs regarding medication use and their willingness to have a medication, particularly a statin, deprescribed. Methods. A cross-sectional study of patients admitted to a teaching hospital in Sydney, Australia, aged ≥ 65 years and taking a statin was conducted. Attitudes and beliefs regarding medication use and willingness to have medications or statins deprescribed were captured using the validated Patients’ Attitudes Towards Deprescribing (PATD) questionnaire, supplemented with additional statin-specific questions. Results. Overall, 180 participants were recruited, with a median age of 78 years, (interquartile range=71-85). Eighty-nine percent (95%CI=84.4–93.6) of participants reported that they would be willing to stop one or more of their regular medications if their doctor said it was possible and 95% (95%CI= 91.8–98.2) agreed that they would be willing to have a statin deprescribed. Moreover, 94% (95%CI=90.5–97.5) of participants expressed concern regarding the potential side effects of taking a statin. Conclusion. The majority of older inpatients using statins are willing to have one or more of their current medications, including statin, deprescribed. These findings can be used to inform interventional statin deprescribing studies to optimise medication use in older adults.

A STUDY OF IMPACTS OF MIGRATION ON HEALTH AND WELL-BEING IN LATER LIFE IN CHINA -EVIDENCE FROM THE CHINA HEALTH AND RETIREMENT LONGITUDINAL STUDY (CHARLS)

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Very little is known about the relationship between various types of migration on health and well-being in later life in China. Most of the literature on migration in China has only focused on one particular type of migration (temporary rural-to-urban), has only focused on the migration of relatively young people within the current economic and political context of market liberalization, and has largely neglected the impact of migration on health and wellbeing. Using an interdisciplinary approach, this paper provides a theoretical mechanism of the impacts of migration on health and well-being in China, and it examines different forms of migration in different periods and how these impacts on later life health and well-being. To do this, we use the China Health and Retirement Longitudinal Study, a national representative dataset that aims to represent the health and well-being of the Chinese population aged over 45 years old. After controlling for some self-selective features of migration, our analysis suggests that the relationship between migration and health and well-being depends on the type of migration, with migration to or within urban areas having the most positive effects.

THE ETHICS OF DEPRESCRIBING IN OLDER ADULTS

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Deprescribing is the term used to describe the process of withdrawal of an inappropriate medication supervised by a clinician. The Four Principles of biomedical ethics (beneficence, non-maleficence, autonomy and justice) can be used to help guide medical practitioners’ prescribing practices. This paper presents a discussion of how these ethical principles may apply to deprescribing medications in older adults. The view of deprescribing as an act (as opposed to an omission) creates stronger moral duties, this may explain the fear of negative outcomes which has been reported by prescribers as a barrier to deprescribing. Respecting the autonomy of older adults is complex as they may not wish to be active in the decision making process; they may also have reduced cognitive function and family members will therefore have to step in as surrogate decision makers. Informed consent is intended as a process of information giving and reflection, where consent can be withdrawn at any time, however, older adults are rarely up-dated on the altered risks and benefits of their long term medications. Cessation of inappropriate medication use has a large financial benefit, however, the principle of justice also dictates equal rights to treatment regardless of age. The application of the Four Principles Approach may help to analyze and systematize the relevant ethical values and empower medical practitioners to consider deprescribing more often in clinical practice. It is unclear, however, how the principles need to be weighed against each other and what to do when they conflict.

SESSION 1860 (POSTER)

IMPROVING HEALTH

POWER V-360 - PROMOTING OPTIMAL WELLNESS AMONG ELDERS THROUGH VITALIZE-360

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The purpose of this project is to determine if Vitalize 360, a comprehensive assessment system and wellness coaching