Enhancing Guideline Adherence through Deprescribing: A Call for Targeted Interventions

Melhorando a Adesão às Orientações Clínicas com a Desprescrição: Um Apelo às Intervenções Dirigidas

Luís MIGUEL MONTEIRO ✉[1,2]

Deprescribing can be defined as "the process of withdrawal of inappropriate medication, supervised by a healthcare professional with the goal of managing polypharmacy and improving outcomes".[1] To be successful, this process should include shared decision-making.[2] It must be evidence-based and consist of a team that includes all of the members in the prescribing and administration of medications and supported by improved healthcare informatics.[3]

The study by Petravić *et al*[4] provides valuable insights into the landscape of guideline awareness and adherence among family physicians in Slovenia. While the study primarily focuses on the adoption of clinical guidelines, its findings have significant implications for the practice of deprescribing, an increasingly vital component of modern healthcare.

Guideline awareness and deprescribing: bridging the knowledge gap

The study's key finding of variable awareness of clinical guidelines among family physicians, with an average recognition rate of 60.8%, underscores a fundamental challenge in healthcare delivery.[4] While guidelines for common conditions such as diabetes and hypertension enjoy high recognition, those for less prevalent or complex conditions, like tear film disorders or polycythemia vera, are less well-known. This disparity directly impacts the potential for effective deprescribing, as physicians may lack the necessary knowledge to identify inappropriate medications or safely manage their withdrawal.

From awareness to practice: overcoming barriers to deprescribing implementation

Furthermore, the study's finding that physicians adhered to guideline-recommended clinical decisions in 65.2% of cases reveals a gap between awareness and practice.[4] This gap is particularly relevant to deprescribing, a process that requires careful consideration of individual patient factors, potential risks, and alternative therapies. The barriers to guideline adherence identified in the study, predominantly organizational constraints such as excessive workload and limited consultation time, further complicate the implementation of deprescribing strategies.[4] In a busy primary care setting, the time required to thoroughly review a patient's medication list, assess the appropriateness of each drug, and engage in shared decision-making with the patient may be a significant obstacle.

Qualitative insights: understanding the physician perspective

The qualitative analysis of the study provides valuable insights into the reasons behind nonadherence to guidelines.[4] Physicians cited a lack of awareness about available guidelines, insufficient training opportunities, and a reliance on personal experience rather than evidence-based recommendations. These factors can directly prevent the adoption of deprescribing practices, as physicians may be hesitant to deviate from familiar prescribing patterns or lack the confidence to manage the complexities of medication withdrawal.

Strategies for improvement: targeted interventions to promote deprescribing

Several strategies can be implemented to enhance guideline adherence and promote effective deprescribing in primary care. The study's recommendations for extending consultation times, improving access to diagnostic services, and developing centralized digital guideline repositories are particularly relevant.[4] Longer consultation times would allow physicians to conduct thorough medication reviews and engage in shared decision-making with patients. Improved access to diagnostic services would facilitate the identification of patients who may benefit from deprescribing, such

1. Department of Medical Sciences. Universidade de Aveiro. Aveiro. Portugal.
2. Egas Moniz Health Alliance. Aveiro. Portugal.
✉ Autor correspondente: Luís Miguel Monteiro. monteiroluis@ua.pt

as those with impaired renal function or drug-drug interactions. Centralized digital guideline repositories would provide physicians with easy access to evidence-based recommendations on deprescribing, including specific protocols for medication withdrawal and management of withdrawal symptoms.

In addition to these strategies, targeted educational interventions can play a crucial role in promoting deprescribing. Continuing medical education programs should emphasize the principles of deprescribing, including the identification of inappropriate medications, the assessment of patient risk factors, and the management of withdrawal symptoms. These programs should also provide physicians with practical tools and resources, such as medication review templates and patient education materials.

The importance of continued research

The study by Petravić *et al*[4] highlights the need for continued research on guideline adherence and deprescribing in both hospital and primary care settings. Future studies should investigate the effectiveness of various interventions aimed at improving guideline adherence and promoting deprescribing, such as extended consultation times, centralized digital guideline repositories, and targeted educational programs. These studies should also explore the impact of artificial intelligence (AI) on deprescribing practices. AI-powered tools can assist physicians in identifying inappropriate medications, assessing patient risk factors, and generating personalized deprescribing recommendations.

Furthermore, research is needed to understand the barriers and facilitators to deprescribing in different patient populations, such as older adults, patients with multiple chronic conditions, and patients with cognitive impairment. These studies should also explore the role of interprofessional collaboration in promoting deprescribing, involving physicians, pharmacists, nurses, and other healthcare professionals.[5]

By addressing these research gaps, we can develop targeted interventions to improve guideline adherence, promote effective deprescribing, and ultimately enhance the quality of care for patients in both hospital and primary care settings.

REFERENCES

1. Reeve E, Gnjidic D, Long J, Hilmer S. A systematic review of the emerging definition of 'deprescribing' with network analysis: implications for future research and clinical practice. Br J Clin Pharmacol. 2015;80:1254-68.
2. Jansen J, Naganathan V, Carter SM, McLachlan AJ, Nickel B, Irwig L, et al. Too much medicine in older people? Deprescribing through shared decision making. BMJ. 2016;353:i2893.
3. Monteiro L, Maricoto T, Solha I, Ribeiro-Vaz I, Martins C, Monteiro-Soares M. Reducing potentially inappropriate prescriptions for older patients using computerized decision support tools: systematic review. J Med Internet Res. 2019;21:e15385.
4. Petravić L, Kralj Rotar N, Ivetić V. Awareness and Barriers to Guideline Adherence: Slovenian Family Physicians Survey and Qualitative Feedback. Acta Med Port. 2025;38:619-28.
5. Romano S, Monteiro L, Guerreiro JP, Simões JB, Teixeira Rodrigues A, Lunet N, et al. Effectiveness and cost-effectiveness of a collaborative deprescribing intervention of proton-pump-inhibitors on community-dwelling older adults: Protocol for the C-SENIoR, a pragmatic non-randomized controlled trial. PLoS ONE. 2024;19:e0298181.