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CONFERENCE ABSTRACT

Patient experiences of polypharmacy: a systematic review of qualitative studies

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Introduction: Polypharmacy – i.e. the use of multiple medications – is correlated with increases in mortality, adverse drug events, falls, length of hospital stay, and rates of re-admission among the elderly. Polypharmacy has also been linked with non-adherence, and issues concerning the quality of care for this group of patients have been documented. To identify areas relevant to care provision from the perspective of the patients, our objective was to explore medication-related experiences in polypharmacy patients.

Methods: We systematically searched PubMed, Embase, and CINAHL up to June 2018 for primary qualitative studies about patient experiences with polypharmacy. Studies were appraised for their methodological quality by applying the Critical Appraisal Skills Programme (CASP) checklist for qualitative research, and data were extracted and synthesized using the meta-aggregation approach.

Results: We included 11 qualitative studies, representing 451 patients with polypharmacy and a wide range of chronic conditions. Overall, most items of the CASP checklist were reported in the studies. We extracted 113 findings, we synthesized these into 17 categories, and we developed five interrelated syntheses: 1) Polypharmacy patients are a heterogeneous group in terms of needing and appraising information, 2) The importance of adherence is self-evident but difficult to achieve, 3) Decision-making about medications is complex, 4) Multiple relational factors affect communication between patients and doctors and can prevent patients from disclosing important information, and 5) Polypharmacy affects patients' lives and self-perception, and the challenges with polypharmacy are not only related to the practical issues of medication-taking.

Discussions/Limitations: Through this systematic review, we identified a plethora of medication-related experiences of polypharmacy that demonstrates the complexity and different needs of

polypharmacy but also the shared challenges experiences by this patient population. Even though two researchers carried out the screening and sifting of articles, the quality appraisal, and the development of the categories and syntheses, the data extraction was carried out by a single researcher, which could have biased the results. However, we have applied the approach of meta-aggregation, which dictates a transparent reporting of findings, categories, and syntheses, making our analytical process clear to the reader.

Conclusion/Lessons learned: Polypharmacy has widespread consequences and poses many challenges for the patient. Challenges include difficulties in organizing medication-intake, navigating the healthcare system, and interacting with healthcare professionals. In addition, polypharmacy has a stigma attached to it and impacts the self-perception of patients. All these factors can potentially affect patients' ability to follow medication regimens and influence their quality of life. It is central that healthcare professionals consider patient experiences to limit the negative effects on adherence, health, and well-being.

Suggestions for future research: Given that most of the included studies were of older patients with polypharmacy (60 years or older), future research should cover the entire age spectrum, as younger people with multimorbidity constitute a high number of the multimorbidity population. Also, research is needed into the effect of stigmatization on medication-related behavior, and ways to reduce the societal stigma of medication- and disease-related factors.