

Views on Medication Deprescribing Among Adults Age 50–80

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Many older adults take multiple prescription medications, over-the-counter medications, and dietary supplements. Medications are important for preventing and managing a wide range of health conditions, but not all medications provide benefit for the person taking them, and some may become unnecessary or even unsafe over time.

“Deprescribing” is a collaborative process between patients and their health care team to intentionally reduce or stop prescription medications, over-the-counter medications, and dietary supplements. In January 2023, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their medication use and experiences with stopping prescription medications.

Medication and supplement use

Four in five adults age 50–80 (82%) reported taking at least one prescription medication in a typical week, with 26% taking three or four prescription medications and 28% taking five or more medications. Three in five older adults (60%) take at least one over-the-counter medication during a typical week, with 11% taking three or more. More than three in four (78%) reported taking one or more dietary supplements (such as vitamins, minerals, or herbal remedies) in a typical week, with 38% taking three or more.

Three in five adults age 50–80 (60%) reported that their prescription medications are helping them a lot, 33% thought their over-the-counter medications help them a lot, and 32% said their dietary supplements help them a lot.

Interest in stopping prescription medication

AMONG ADULTS AGE 50–80

82% take prescription medication

Among those who take prescription medication:

80% are willing to stop taking one or more medications if their health care provider said it was possible



Views on prescription medications

When asked whether they sometimes think they take too many medications, 28% of adults age 50–80 agreed, 18% were unsure, and 54% disagreed. Older adults who reported having a health problem or disability that limits their daily activities were more likely to agree they take too many medications (42% vs. 20% among those without a health problem or disability that limits their daily activities).

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Overall, 80% of older adults taking prescription medication said they would be willing to stop taking one or more medications if their health care provider said it was possible. When those adults were asked to think about one prescription medication they would be most interested in stopping, they most frequently named medications for treatment or prevention of heart disease (e.g., medication for high blood pressure or high cholesterol) (43%), diabetes (13%), or pain management (10%). Two in three (67%) reported that they would be likely to ask the health care provider who prescribed the medication for advice about whether they could stop that medication during their next visit (34% very likely, 33% somewhat likely).

Among older adults who take prescription medications, 52% expect their health care provider will review each prescription medication they take at every visit, and 42% expect their medications to be reviewed at least annually.

Experiences with stopping prescription medications

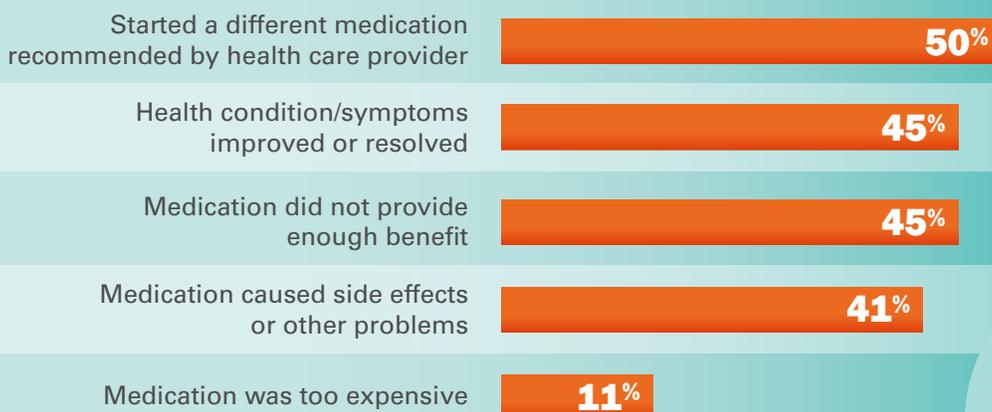
When older adults who take prescription medication were asked to think about their medication use in the

past two years, 26% recalled stopping one or more prescription medications that they had previously taken for over a year. Stopping a prescription medication was more common among people who took five or more prescription medications (38% vs. 23% of those taking three or four medications and 17% of those taking one or two medications).

Older adults who reported being in fair or poor physical health were more likely to report stopping a medication during the past two years than those with excellent, very good, or good physical health (42% vs. 22%). Similarly, those who reported being in fair or poor mental health were more likely to report stopping a medication during the past two years than those with excellent, very good, or good mental health (41% vs. 24%). Adults age 50–80 with a health problem or disability that limits their daily activities were also more likely to say they stopped a medication (38% vs. 19% of those without a health problem or disability that limits their daily activities).

Reasons for stopping a medication included starting a different medication recommended by a health care provider (50%), improvement or resolution of a health condition or its symptoms (45%), the belief

Reasons for stopping a prescription medication AMONG ADULTS AGE 50–80*



*Among adults age 50–80 who in the past two years stopped taking at least one prescription medication they had been on for at least a year.



that the medication did not provide enough benefit (45%), concerns about side effects or other problems (41%), and/or the cost of the medication (11%). Older adults with a health problem or disability that limits their daily activities were more likely than those who do not have a health problem or disability that limits their activities to report stopping a medication because it caused side effects or other problems (47% vs. 35%) or was too expensive (15% vs. 7%).

Of those who had stopped taking a prescription medication without starting on a replacement, 36% did so without talking with a health care professional.

Implications

Deprescribing is an important strategy to ensure that older adults are not taking unnecessary medications. Effective and safe deprescribing uses a patient-centered, collaborative process that includes both the patient and the health care provider, and sometimes family members, caregivers, or patient advocates. Deprescribing conversations often occur as part of a Comprehensive Medication Review (CMR) and should include a discussion of the patient's preferences as well as the pros and cons of continuing versus stopping a medication.

In this poll, one in four older adults age 50–80 reported stopping a prescription medication in the past two years. More than one in three who stopped a prescription medication without starting a new one reported that they did not talk with a health care provider before making this change. Conversations with health care providers are very important when considering whether a medication can be stopped, for example to ensure that stopping the medication is safe and aligns with the older adult's overall health goals.

To facilitate safe medication prescribing and deprescribing, patients should bring a comprehensive list of all their prescription medications, over-the-counter medications, and supplements to each of their medical appointments. If older adults do not have a comprehensive list, they should bring their medications with them, which helps the health care

provider to ensure their medical record is updated appropriately. Patients may also be asked to review a medication list from their medical record, which should also include any non-prescription medications, even if taken only periodically.

The second step in the deprescribing process is for the health care provider, patient, and caregivers (when involved) to discuss whether each medication is needed, effective, and safe. Over 90% of older adults in this poll who take at least one prescription medication said that they expected their health care provider to do such a review at least annually. These reviews can be challenging to conduct in routine clinical practice, particularly for patients who take many medications or have a number of other issues to address during their medical appointments. An important alternative approach is the use of a CMR, which would take place during a separate medical appointment. This review is covered as a Medicare Part D benefit for some older adults but is underutilized.

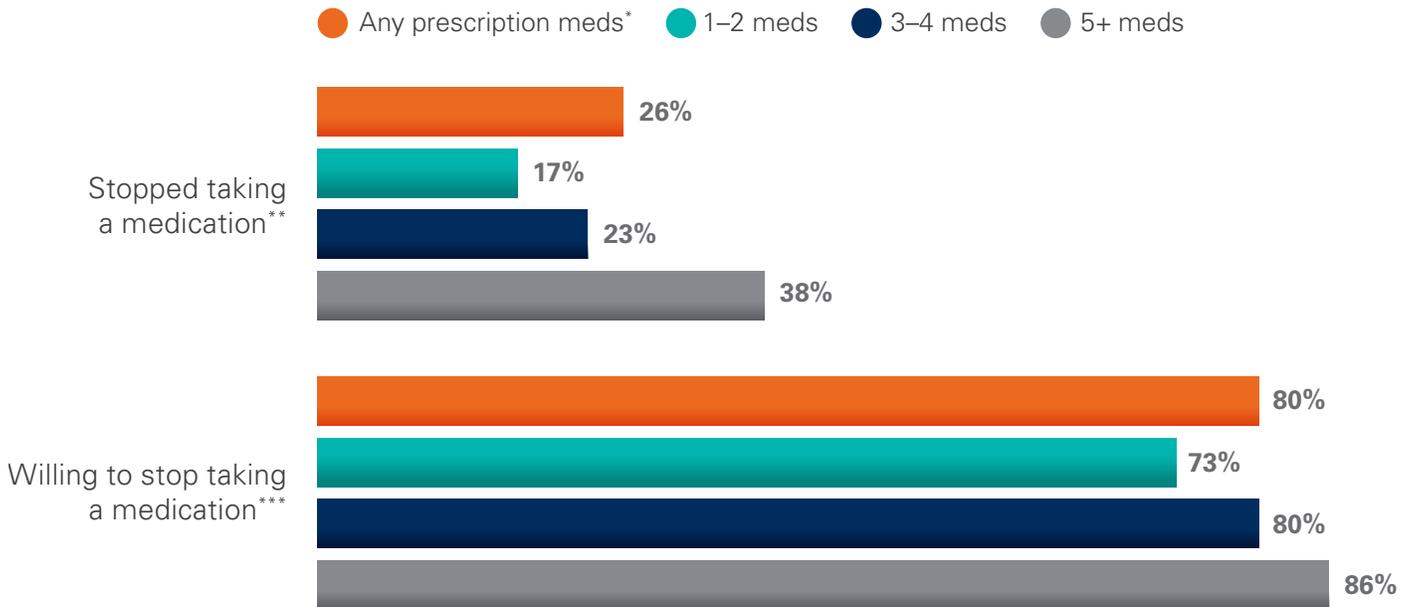
The final step in the deprescribing process is for the older adult and health care provider to work together to determine if any medications should be stopped or reduced. Some medications should not be deprescribed as the anticipated benefits of taking the medication outweigh the potential risks. Common reasons for stopping or reducing a medication dose or frequency include resolution of the health condition, an interaction between two or more medications, and the lack of benefit with ongoing use of the medication. If a medication is appropriate to deprescribe, it is important to create a plan of action that includes appropriate monitoring. For example, some medications can be stopped immediately while others may require gradual tapering or the addition of non-medication therapies.

Deprescribing is one important tool to optimize medication use. Older adults who are interested in exploring whether any of their medications can be deprescribed should talk with their health care provider to ensure it is safe and helpful to do so.

SUPPLEMENTAL TABLE

Stopping prescription medication by number of medications taken

Among adults age 50–80 who regularly take medication



* Prescription medication taken in a typical week.

** In the past two years, stopped a medication that was taken for more than a year.

*** Willing to stop one or more of prescription medications if health care provider said it was possible.

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC's AmeriSpeak probability based panel. This survey module was administered online and via phone in January 2023 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,563). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 61% among panel members contacted to participate. The margin of error is ± 1 to 3 percentage points for questions asked of the full sample and higher among subgroups.

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