

Abstract citation ID: ckad160.1444**Applying health behavior theories that explain elderly' deprescribing behavior: a systematic review****Sara Alves Jorge***S Alves Jorge¹, S Van den Broucke²*¹Health and Society Research Institute, Université Catholique de Louvain, Woluwe Saint Lambert, Belgium²Psychological Sciences Research Institute, Université Catholique de Louvain, Louvain la Neuve, Belgium

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Deprescribing is a strategy to optimize medication use. Despite the fact that behavioral theories have shown to be useful in explaining health behaviors, the literature on deprescribing relies almost exclusively on attitudes as an explanatory factor for this behavior. This systematic review aimed to assess the capacity of health behavior theories and concepts to explain patient's and caregivers' deprescribe behavior. Two independent reviewers performed a search on Medline, Embase, Scopus, Psycinfo, Cochrane, and the grey literature, using the key words: older adults, informal caregivers, deprescribing, behavioral models, health belief model, theory of planned behavior, social cognitive theory, nudge, and health literacy, Interventional and non-interventional studies that applied at least one health behavior theory or at least one concept from these theories to older adults' or their caregivers' intention or deprescribing behavior were included. Quality screening of the identified records was done using the JBI critical appraisal tool. Ten non-interventional studies and twelve interventional studies were identified. Social Cognitive Theory was most often used to explain deprescribing intention, whereas self-efficacy was used most often to explain deprescribing behavior. Higher health literacy also predicted deprescribing intention, whereas internal locus of control was a barrier to deprescribing behavior. One study applied nudging to deprescribing but showed no significant effect. The only study involving informal caregivers revealed that the belief that relatives experienced side effects was a reason to support deprescribing. It is concluded that health behavior theories and concepts involved in these theories explain deprescribing intentions and behaviors more effectively than only relying on attitudes toward deprescribing.

Key messages:

- Deprescribing behavior requires complexes changes to established patters of behaviors.
- Health behavior theories and concepts from these theories can explain deprescribing intentions and behaviors more effectively than relying only on widely studied attitudes toward deprescribing.