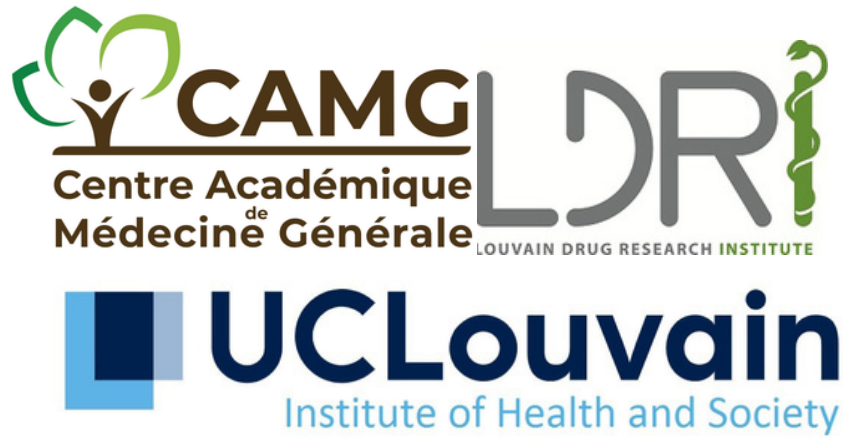




GENERAL PRACTITIONERS' OPINIONS REGARDING MEDICATION REVIEWS BY COMMUNITY PHARMACISTS FOR PATIENTS WITH POLYPHARMACY IN BELGIUM



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INTRODUCTION

Inappropriate polypharmacy is an important issue in patients with polypharmacy and is associated with negative health outcomes. Implementing interventions to improve it is a priority, especially in primary care, where the **General Practitioner (GP)** has a central prescribing role. **Medication review (MedRev)** is an effective tool for reducing inappropriate polypharmacy.

MEDREV DEFINITION IS “A STRUCTURED EVALUATION OF PATIENT’S MEDICINES WITH THE AIM OF OPTIMIZING MEDICINES US AND IMPROVING HEALTH OUTCOMES”.

Since April 2023, there is a new funding for Belgian **Community Pharmacists (CPs)** to carry out MedRev for patients with polypharmacy. Although this service provides support to GP, their opinion was not sufficiently taken into account when the plan was drawn up.

OBJECTIVE

How do GPs perceive current MedRev? What do they expect from MedRev, especially regarding the collaboration with CPs?

METHODOLOGY

MIXED-METHOD STUDY

Data collection: Online survey among active GPs with open-ended and closed questions, in French and Dutch-speaking Belgium. One open and one closed-link questionnaires, both completed between Oct '23 and March '24.

Dissemination: Universities, newsletters, duty circles, social networks and congress,...

ANALYSIS

In progress. Descriptive statistical analysis in SPSS, based on the entire sample & Inductive thematic analysis by 2 researchers, based on the data of the closed-link questionnaire.

QUESTIONNAIRE

MULTIPLE CHOICE QUESTIONS:

- Collaboration habits
- Source of information about MedRev service
- Selection criteria for patients likely to benefit from MedRev
- Scope of CPs’ role
- Type of recommendations needed
- Preferred communication channel

OPEN QUESTIONS:

- Motivations
- Difficulties
- Reasons for contacting urgently
- Suggestions

PRELIMINARY RESULTS

250 forms completed by GPs who met the selection criteria (partial questionnaires included).

SOCIO-DEMOGRAPHIC ANALYSIS:

50.5% were women and 49.5% men.
Under-representation of the Flemish GPs, with only 21% of respondents.
10% of the GPs sample were in training.

QUALITATIVE RESULTS

The inductive analysis showed that from the answers to the four different open questions, **three main categories** emerged: Motivations for doing MedRev, Expectations for CPs and Concerns about MedRev. These are illustrated respectively by the following quotes.

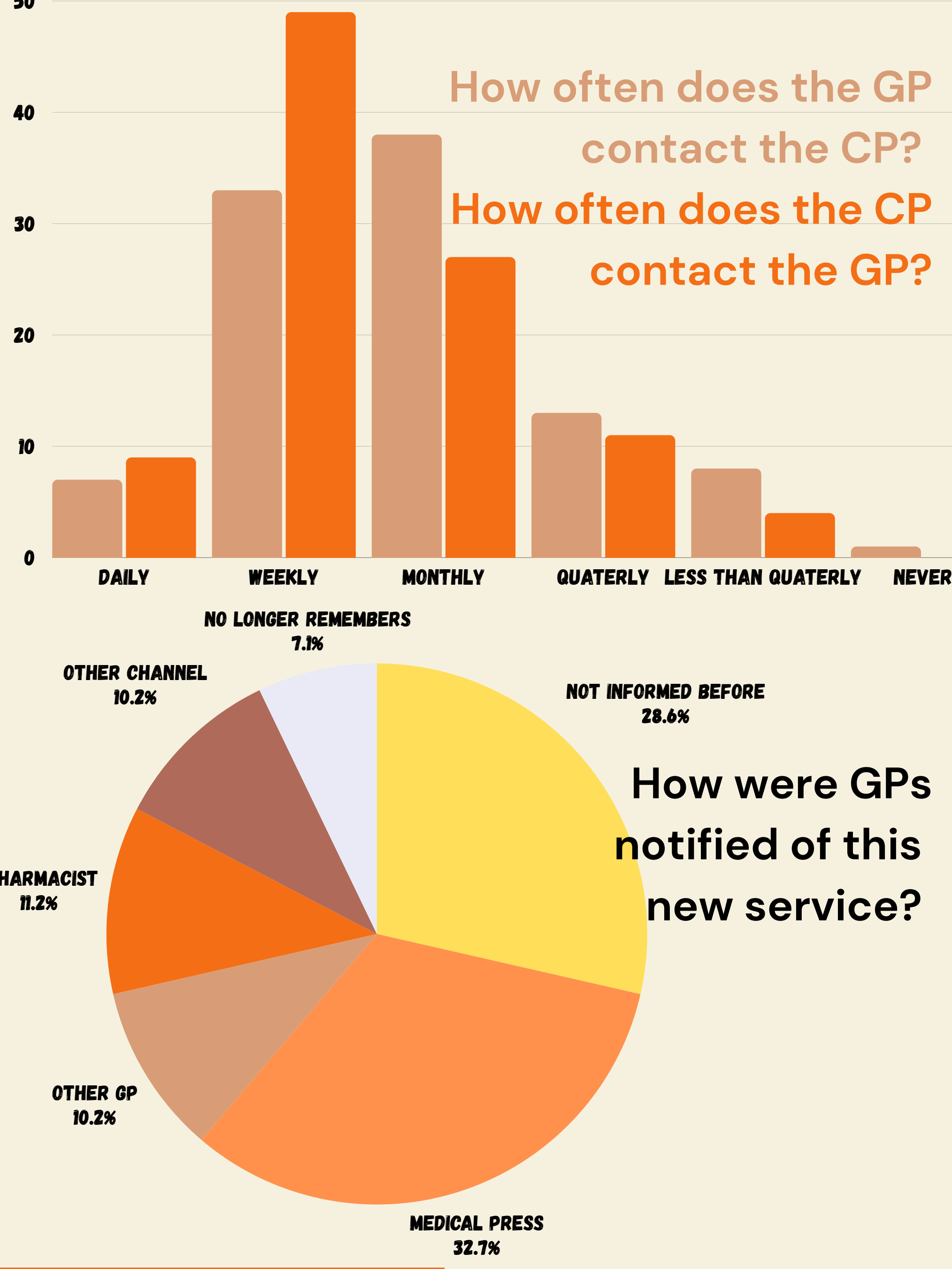
“Nice idea to take the time to review the treatment.”

“I think it's very important to have a partner who repeats the same message as us, to prevent patients from continuing to take unnecessary medication.”

“No proper framework for collaboration has been defined. And doctors, unlike pharmacists, are not paid. That's enough to give doctors an extra workload and create so-called collaborations that aren't really collaborations at all.”

In this table, **four main topics**, which are recurrent in the **three categories**, are developed.

QUANTITATIVE RESULTS



DISCUSSION & CONCLUSION

These preliminary results show that GPs have mixed feelings about MedRev. On one hand, very few of them responded to the survey, and they seem to have little knowledge of the new service. In addition, some GPs have infrequent contact with CPs. On the other hand, they show interest to collaborate with CPs and see MedRev as clearly useful for their patients. However, they have lots of concerns and the MedRev service does not seem to address them. This service reveals the same difficulties, even though it is primarily intended to help them. Before using it, GPs want to define the framework for collaboration with CPs, choose the best communication channel, think about the access to patients data, etc. This survey, which was designed to address these issues, did not attract a sufficient number of respondents to provide results that could be generalised to Belgium. After all, it nevertheless highlights the difficulties encountered by GPs. Once the analysis is complete, the study will provide cautious recommendations for improving the service.

CATEGORIES / MAIN TOPICS	MOTIVATIONS FOR MEDREV	EXPECTATIONS FOR CPS	CONCERNS ABOUT MEDREV
PHARMACEUTICAL CARE	Interactions, Compliance, Potential inappropriate prescribing, Medications reconciliation,...	Interactions, Compliance, Potential inappropriate prescribing, Medications reconciliation,...	Skills, Relevance, Interactions, Compliance, Potential inappropriate prescribing, Medications reconciliation,...
BELGIAN MEDREV SERVICE	X	X	Collaboration framework, Means of communication with the CP, Workload, funding, Awareness campaign,...
PATIENTS	Taking care, Compliance, Side effects, Cost of drugs, Treatment literacy,...	Compliance, Potential inappropriate prescribing,...	Availably of the patients data, Patients willingness, Trusts in CPs,...
INTERDISCIPLINARY	Compliance, Coherent discours, Information sharing and dialogue, Complementarity, ...	To improve, Throughout the MedRevs, At regular planned intervals	Collaboration framework, Training at university, Mistrust of other providers,...

Related literature
Cole, J. A., Gonçalves-Bradley, D. C., et al. (2023). Interventions to improve the appropriate use of polypharmacy for older people. The Cochrane Database of Systematic Reviews, 10(10), CD008165.
Robberechts, A., Brumer, et al (2024). Medication Review: What’s in a Name and What Is It about? Pharmacy, 12(1), Article 1.
Griese-Mammen, N., Hersberger, K. E., Messerli, M., Leikola, S., Horvat, N., van Mil, J. W. F., & Kos, M. (2018). PCNE definition of medication review: Reaching agreement. International Journal of Clinical Pharmacy, 40(5), 1199–1208