Older people with hearing, visual or dual sensory impairment (hereafter referred to as sensory impairment) can experience substantial challenges with their medicines management compared with older people without sensory impairment. The prevalence of sensory impairment and medicine use increases with age, as such, practitioners need to be aware of how to modify their prescribing behaviour to improve the safe and effective use of medicines. This review explored whether and how prescribers modify their prescribing behaviour for older people (≥65) with sensory impairment in primary care settings and identified what evidence sources exist to inform prescribing for these specific patient populations.

The review was conducted to reflect the Joanna Briggs Institute (JBI) methodology for scoping reviews (Tricco et al., 2018; Page et al., 2021). The Population, Concept, Context (PCC) framework (Munn et al., 2018) was used to define the inclusion/exclusion criteria (Table 1).

### Table 1: Inclusion criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Concept</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people (≥65) with sensory impairment including hearing, visual or dual impairment, living in the community, and who use medicines.</td>
<td>Exploration of how independent prescribers modify prescribing for older people (≥65) with sensory impairment.</td>
<td>Prescribers in primary healthcare settings, including General Practitioners (GPs), Nurses, Pharmacists, Dentists, Opticians, Physiotherapists, and Podiatrists.</td>
</tr>
</tbody>
</table>

Studies were excluded if they focused on individuals who resided in residential or nursing care homes. Studies involving children or individuals aged 16 to 64 years were excluded.

**METHODS**

- Electronic databases were searched: MEDLINE (Ovid), EMBASE (Ovid), Cochrane Library, Cumulative Index to Nursing and Allied Health Literature (CINAHL).
- Grey literature sources were searched including local, national, and international organisation’s websites, health-related and scientific organisations, professional organisation websites and other information sources. Google and Google Scholar were also searched.
- The search strategy comprised keywords and subject headings contained in the titles and abstracts. All databases were searched for the period January 2012 to April 2023. The review was not limited by language or geographical region.

**RESULTS**

![Flow diagram](http://example.com/flow-diagram.png)

- 1,274 records were screened.
- 2,732 records were excluded.
- 10 studies were included.

**DISCUSSION**

- This review did not identify any studies or resources that met the inclusion criteria.
- Medicines optimisation (Picon and Wright, 2013) is a person-centred approach to safe and effective medicines use. In the UK, prescribers can support older people with sensory impairment by following the guidance from the Royal Pharmaceutical Society and involving them in decisions.
- The Medicines for Older People (Department of Health, England, 2001), the STOPP/START criteria (O’Mahony et al., 2014) and the Beers Criteria (Samuel, 2003) are tools and guidelines to help prescribe safer drugs for older people by avoiding polypharmacy and adverse effects.
- Prescribers may need more training on how to assist older people with sensory impairment in using their medicines. This review suggests a gap in resources and awareness for their needs.
- Evidence suggests that the perspectives and experiences of Deaf people, who have a distinct culture, language, and communication needs, should be recognised, and accommodated in relation to medicines use and prescribing practices (McKee et al., 2015; Leach et al., 2018; Stevens et al., 2019).
- Prescribers should consult longer with older patients with sensory impairment to tailor their medication regimen, explore their preferences, and involve them in decision making.
- Simplified regimens, fixed combination preparations, and technologies and devices can help improve adherence and support medication management (Waterman 2013; Smith and Bailey, 2014; Dietlein 2015; Cooper et al., 2023).

**REFERENCES**

- O’Mahony et al. (2014). Age and ageing, 44(2), pp. 213.
- O’Mahony et al. (2014). Age and ageing, 44(2), pp. 213.

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**CONCLUSION**

There is a paucity of guidance or other resources to support and inform prescribing for older people with sensory impairment. This review has highlighted a gap in the evidence regarding evidence-based guidelines, to support the safe and effective use of medicines for these specific patient populations. There is a need for greater understanding of prescribers’ capacity, opportunity, and motivation to modify their prescribing, and their willingness to use prescribing resources to optimise medicines use and improve health outcomes for older people with sensory impairment.