A SCOPING REVIEW OF GUIDELINES AND RESOURCES TO PROMOTE EVIDENCE-BASED PRESCRIBING FOR OLDER PEOPLE WITH SENSORY IMPAIRMENT

Brenda Morrison[1] Eugene Asante[1] Marilyn R Lennon[2] Margaret C Watson[1]

1. Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, Glasgow
2. Department of Computer and Information Sciences, University of Strathclyde, Glasgow

brenda.morrison@strath.ac.uk
@B_Morrison20
Brenda Morrison

01 INTRODUCTION

Older people with hearing, visual or dual 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.

02 METHODS

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

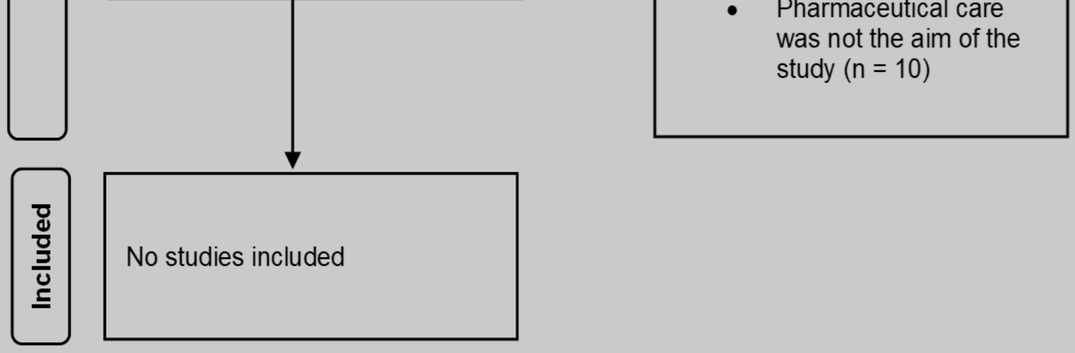
Population	• **Older people (≥65) with sensory impairment including hearing, visual or dual impairment, living in the community, and who use medicines.** • **Registered independent prescribers' working in primary care who provide care for older people (≥65) with sensory impairment. An independent prescriber can prescribe on their own initiative any medicine within their scope of practice and relevant legislation.**
Concept	• Exploration of how independent prescribers modify prescribing for older people (≥65) with sensory impairment. • Information and/or resources that informed prescribing for older people with sensory impairment.
Context	• Prescribers in primary healthcare settings including General Practitioners (GPs), Nurses, Pharmacists, Dentists, Opticians, Physiotherapists and Podiatrists.

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.

- 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 organisations' 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.

03 RESULTS

Figure 1: The Preferred Reporting Items for Systematic reviews and Meta Analysis extension for Scoping Reviews (PRISMA ScR) flow diagram (Tricco *et al*., 2018; Page *et al*., 2021).



04 DISCUSSION

➔ This review did not identify any studies or resources that met the inclusion criteria.

➔ Medicines optimisation (Picton 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, 2023) 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; Lesch *et al*., 2018; Stevens *et al*., 2019).

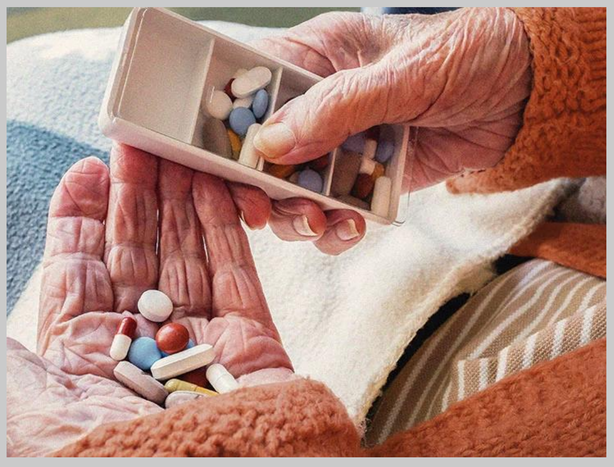
➔ Prescribers should consult longer with older patients with sensory impairment to tailor their medication regimen, explore their preferences, and involve them in decision making.

➔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).

05 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 prescribing for these high-risk patient populations.

There is the need for the development of resources e.g., 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.



To download the full paper

SCAN

References

Cooper *et al*. (2023). *Disability and Health Journal*, p. 101500
Department of Health, England (2001)
Dietlein (2015). Klinische Monatsblatter fur Augenheilkunde, 233(2), pp. 138-142.
Lesch et al. (2018). Rehabilitation Psychology, 64(2), p.237.
McKee et al. (2015). FP essentials, 434, pp. 24-28.
Munn et al. (2018). BMC medical research methodology, 18, pp. 1-7.
O'Mahony et al. (2014). Age and ageing, 44(2), pp. 213-218.
Page et al. (2021). International journal of surgery, 88, p. 105906.
Picton and Wright (2013). Royal Pharmaceutical Society.
Samuel (2023). Journal of the American Geriatrics Society, 71(7), pp. 2052-2081.
Smith and Bailey (2014). The Consultant Pharmacist, 29(2), pp. 131-134.
Stevens et al. (2019). Clinical gerontologist, 42(5), pp. 485-494.
Tricco et al. (2018). Annals of internal medicine, 169(7), pp. 467-473.
Waterman (2013). Cochrane Database of Systematic Reviews, (4).

Acknowledgements

The authors thank Ms Elaine Blair, (University of Strathclyde Library) for her assistance with the development of the search strategy.

This work was supported by The Dunhill Medical Trust [grant number S211885/101].