

Fall prevention and deprescribing of fall risk-increasing drugs: the community pharmacists' perspective

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Background Pharmacists may contribute to fall prevention by identifying and adjusting the use of fall risk-increasing drugs (FRIDs) in patients with high fall risk. At the moment, pharmacists' contribution to fall prevention is poor. Presumably, pharmacists encounter several barriers during the implementation of such services.

Purpose To explore community pharmacists' barriers and facilitators regarding provision of fall prevention care, specifically towards deprescribing of FRIDs.

Method A mixed-method study was conducted, consisting of quantitative (ranking statements, survey) and qualitative data (semi-structured interviews) with Dutch pharmacists. Quantitative data were analysed using descriptive statistics. All interviews were audiotaped and transcribed verbatim. The capability opportunity motivation ? behaviour (COM-B) system was applied to interpret the findings.

Findings In total, 313 Dutch pharmacists ranked statements during an interactive presentation, 205 of them completed a survey and 16 were interviewed. Pharmacists were motivated and confident about their potential in fall prevention care. Their capability to provide fall prevention care included mainly the deprescribing of FRIDs. However, their self-reported current contribution was poor. Major barriers with regard to opportunity were identified, including insufficient multidisciplinary collaboration and patient unwillingness to deprescribe FRIDs.

Conclusion Community pharmacists are motivated to provide fall prevention services, particularly deprescribing of FRIDs. They believe in their own capability to provide fall prevention, but emphasize that the decision-making of FRID deprescribing is complex. Opportunities of pharmacists to provide fall prevention services should be enhanced, for example by definition of multidisciplinary agreements, regionally or nationally, to facilitate collaboration.