Are physicians and clinical pharmacists aware and knowledgeable enough about inappropriate prescribing for elderly patients? Findings from Malaysia

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Abstract
Objectives To assess the knowledge of physicians and clinical pharmacists about inappropriate prescribing for elderly patients, their confidence in prescribing for elderly patients, and their perceptions of barriers to appropriate prescribing in this population.

Methods A cross-sectional study using a validated 20-item questionnaire was conducted among physicians (n = 74) and clinical pharmacists (n = 45) working in the medical wards of two tertiary hospitals in Malaysia. Knowledge was assessed by six clinical vignettes which were developed based on Beers criteria and the STOPP/START criteria. Other domains of the study were investigated using a four-point or five-point Likert scale.

Results Of the 82 participants who completed the questionnaire, 65% were physicians, 30.2% had never received training in geriatric medicine, and 70.8% estimated that 25% or more of their patients were elderly. Only six participants (7.3%) had ever used STOPP/START or Beers criteria when prescribing for elderly patients, and 60% of the respondents had never heard of either one of those criteria. The mean score (SD) for the knowledge part was 3.65 (1.46) points, and only 27 participants (22.9%) scored more than four out of a possible six points. Overall, 34% of the participants rated themselves as confident in prescribing for elderly patients, and this was significantly associated with their knowledge score (P = 0.02). The mean number (SD) of barriers cited per participant was 6.88 (2.64), with polypharmacy being the most cited barrier.

Conclusions The majority of the participants had inadequate knowledge and low confidence regarding recommending medications for elderly patients. Continuing education on geriatric pharmacotherapy may be of value for the hospital physicians and pharmacists.

Keywords
Author Keywords: hospital; elderly patients; inappropriate prescribing; knowledge; clinical vignettes; perceived barriers; clinical pharmacist; physician

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