

University of Groningen

Letter to the Editor: a Qualitative Study of Perspectives of Older Adults on Deintensifying Diabetes Medications

Stuijt, Peter J.C.; Taxis, Katja; Denig, Petra

Published in:
Journal of General Internal Medicine

DOI:
[10.1007/s11606-022-08022-1](https://doi.org/10.1007/s11606-022-08022-1)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2023

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Stuijt, P. J. C., Taxis, K., & Denig, P. (2023). Letter to the Editor: a Qualitative Study of Perspectives of Older Adults on Deintensifying Diabetes Medications. *Journal of General Internal Medicine*, 38(5), 1316. <https://doi.org/10.1007/s11606-022-08022-1>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Letter to the Editor: a Qualitative Study of Perspectives of Older Adults on Deintensifying Diabetes Medications



J Gen Intern Med 38(5):1316

DOI: 10.1007/s11606-022-08022-1

© The Author(s), under exclusive licence to Society of General Internal Medicine 2023

With great interest, we read the study of Pilla et al. on perspectives of older adults on deintensifying diabetes medications.¹ The results presented confirm findings from a previous study on the perspectives of older adults on deintensifying diabetes and cardiovascular medication.² We believe there is merit in accumulating the results of both studies and contrasting these with what has been learned from studies focusing on deintensifying medication in general. Major themes that were identified in both studies^{1,2} are related to (a) beliefs and fears about stopping medication, (b) beliefs about the effects, risks, and burden of medication use, and (c) relationship with the healthcare provider. These overarching themes appear not specifically related to diabetes or cardiovascular medication, since they are consistent with findings related to deintensification of other medication.³

There were, however, some subthemes identified in both studies that appear to be specific for medication—like diabetes medication—that is monitored and intensified based on individual treatment targets. Both studies illustrate that patients can be confused or find it difficult to relate to the concept of allowing for less strict treatment targets as a reason for deintensification.^{1,2} Also, both studies illustrate the importance of discussing plans with the patient on how to monitor these treatment targets and when to restart medication.

We feel that the framework as proposed by Pilla et al. may not fit some themes identified in previous research. Some older patients do not have explicit opinions about their medication and prefer to leave the decision-making about deintensification to others.² Furthermore, patients may have certain negative beliefs about their medication in general, e.g., believing that medication is bad for long-term health or feeling burdened by having to take a lot of medication, which may increase their willingness to deintensify medication.² Also, it is relevant to note that the willingness to deintensify may differ depending on

the type of medication.^{2,4} For example, more people appear reluctant to stop insulin compared to sulfonylurea derivatives.⁴

The challenges identified for deintensifying diabetes medication but also cardiovascular medication^{1,2} emphasize the need for healthcare providers to timely talk with patients about changes in treatment goals and the need for medication. The confusion that is caused by proposing changes in treatment targets or deintensifying medication should be recognized, as the words “for the rest of your life” may still echo in patients’ minds.

Peter J. Stuijt, MSc¹

Katja Taxis, PhD²

Petra Denig, PhD¹

¹Department of Clinical Pharmacy and Pharmacology, University Medical Center Groningen, University of Groningen,

Groningen, The Netherlands

²Unit of Pharmacotherapy, Epidemiology and Economics, Groningen Research Institute of Pharmacy, University of Groningen, Groningen, The Netherlands

Corresponding Author: Peter J. C. Stuijt, MSc; Department of Clinical Pharmacy and Pharmacology, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands (e-mail: p.j.c.stuijt@umcg.nl).

Declarations:

Conflict of Interest: The authors have no relevant financial or non-financial interests to disclose.

REFERENCES

1. Pilla SJ, Meza KA, Schoenborn NL, Boyd CM, Maruthur NM, Chander G. A qualitative study of perspectives of older adults on deintensifying diabetes medications. *J Gen Intern Med*. 2022. <https://doi.org/10.1007/s11606-022-07828-3>.
2. Crutzen S, Baas G, Abou J, et al. Barriers and enablers of older patients to deprescribing of cardiometabolic medication: a focus group study. *Front Pharmacol*. 2020; 11:1-11.
3. Bokhof B, Junius-Walker U. Reducing polypharmacy from the perspectives of general practitioners and older patients: a synthesis of qualitative studies. *Drugs Aging*. 2016; 33: 249-266.
4. Crutzen S., Abou J., Smits SE, et al. Older people's attitudes towards deprescribing cardiometabolic medication. *BMC Geriatr*. 2021; 21(1):366.

Publisher's Note: Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Received October 27, 2022

Accepted December 29, 2022

Published online January 17, 2023