

Deprescribing in Older Adults: Attitudes, Awareness, Training, and Clinical Practices Among Portuguese Physicians

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FIGURE 1

Physicians' awareness, training, clinical practice in deprescribing, and use of criteria to identify Potentially Inappropriate Medications (PIMs).

FIGURE 2

Associations between deprescribing training and physicians' awareness, certification in geriatrics, and clinical deprescribing practices.

The importance of deprescribing in clinical practice is growing, especially in aging populations with polypharmacy, making it a crucial issue in Portugal as one of Europe's most aged nations. Despite growing evidence, barriers at the level of professionals, patients, and systems hinder its implementation. This study explored Portuguese physicians' perspectives on deprescribing, focusing on their awareness, training, attitudes, and practices.

A nationwide online questionnaire distributed by the Portuguese Medical Association collected sociodemographic and professional data, along with insights into awareness, training, attitudes, and practices related to deprescribing. Descriptive statistics were used; inferential analysis employed Chi-square, Fisher's exact, and Mann-Whitney U tests ($p < 0.05$).

In total, 425 valid questionnaires were analysed. While 81.2% of physicians were familiar with deprescribing, 55.4% reported no deprescribing training. Most (91.9%) practiced it, but only 39.8% used structured methods, and 38.7% applied criteria to identify potentially inappropriate medications (PIMs).

Training in deprescribing was significantly associated with higher deprescribing awareness, use of specific deprescribing methods, use of criteria to identify PIM, and having certified Competence in Geriatrics by the Portuguese Medical Association. General practitioners showed higher deprescribing familiarity and training than hospital-based specialists and adopted deprescribing methodologies more often.

This study revealed a high awareness of deprescribing among Portuguese physicians, as well as considerable gaps in training and inconsistent practices. These findings underscore the urgent need for targeted education and structured policies to optimize medication management in older adults. They also reinforced the role of health policy and medical education in promoting safe deprescribing.

