

Table 1: Patient and practitioner beliefs about barriers and enablers of medication cessation from systematic review evidence

Theoretical Domains Framework domain	Domain description <sup>1</sup>	Patients	General practitioners
Knowledge	An awareness of the existence of something	-	A lack of awareness among prescribers of their own inappropriate prescribing and/or inadequate education in geriatric pharmacology. <sup>2,3</sup>
Skills	An ability or proficiency acquired through practice	-	A lack of confidence relating to the knowledge and skills needed to deprescribe appropriately. <sup>2,3</sup>  Failure to meet the challenge of complex decision-making due to feeling insecure, overwhelmed and inadequately prepared. <sup>4</sup>
Social / professional role and identity	A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting	-	-
Beliefs about capabilities	Acceptance of the truth, reality, or validity about an ability, talent, or facility that a person can put to constructive use	-	Assumptions about older patients (e.g. perceived lack of health literacy hampering communication and shared decision making; patients not informing the GP about their medicine intake). <sup>4</sup>
Optimism	The confidence that things will happen for the best, or that desired goals will be attained	-	-
Beliefs about consequences	Acceptance of the truth, reality, or validity about outcomes of a behaviour in a given situation	(Dis)agreement with the 'appropriateness' of cessation (lack of medication effectiveness and fear of side effects enabled cessation. Ongoing hope of future medication benefits, peace of mind from retaining medications, and scepticism about non-pharmacological alternatives were barriers to cessation). <sup>4,5</sup>	Clinical inertia due in part to fears about the possible risks of discontinuing prescribed medicines. <sup>2,3</sup>
Reinforcement	Increasing the probability of a response by arranging a dependent relationship, or contingency, between the response and a given stimulus	-	-

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Intentions	A conscious decision to perform a behaviour or a resolve to act in a certain way	Experimenting with medicines to get to know them (e.g. using ‘trial and error’ to understand the effect of stopping certain medications). <sup>4</sup>	-
Goals	Mental representation of outcomes or end states that an individual wants to achieve	The need to prioritise treatments according to their relative contribution to survival, preserved physical function, and symptom relief. <sup>4</sup>	-
Memory, attention and decision processes	The ability to retain information, focus selectively on aspects of the environment, and choose between two or more alternatives	-	-
Environmental context and resources	Any circumstance of a person’s situation or environment that discourages or encourages the development of skills and abilities, independence, social competence, and adaptive behaviour	<p>Absence/presence of a ‘process’ for cessation (with a perceived lack of consultation time and ongoing support from primary care clinicians being the most common barrier).<sup>5</sup></p> <p>Dislike of medications (due to inconvenience, cost, stigma, or in general).<sup>4,5</sup></p> <p>Positive and negative attitudes and experiences relating to medicines (e.g. acceptance or dislike of medications generally, perceived benefits and harms, practicalities of taking multiple medications, considerations of cost and side effects).<sup>4,5</sup></p> <p>System-related contributors, such as limited consultation time, distrust of the system due to previous poor experiences, a perceived lack of generalist knowledge and cooperation between specialists, plus concerns about pharmaceutical industry influence.<sup>4</sup></p>	<p>A lack of time, poor remuneration.<sup>2,3</sup></p> <p>The problem of using multiple single-disease guidelines leading to polypharmacy.<sup>4</sup></p> <p>Interface prescribing problems, such as poor inter-professional communication and uncertainties about responsibility leading to polypharmacy.<sup>4</sup></p>
Social influences	Those interpersonal processes that can cause an individual to change their thoughts, feelings, or behaviours	<p>People/events influencing patient decisions (including perceived pressure from family or health professionals and previous poor experiences of cessation).<sup>5</sup></p> <p>The need for a trusting relationship and good communication with GP.<sup>4</sup></p>	Perceived patient unwillingness to deprescribe, and professional attitudes favouring more rather than less medication use. <sup>2,3</sup>

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Emotion	A complex reaction pattern, involving experiential, behavioural, and physiological elements, by which the individual attempts to deal with a personally significant matter or event	Fear of worsening conditions, withdrawal reactions, or non-specific fears. <sup>5</sup>	-

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