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Source, year, country	No. of chronic conditions (median)	How conditions were collected	How medications were collected	Medications self- managed (%)	Greater than high school level of education (%)	Living situation (%)	Questionnaire administered by, where	Additional validated tools/questions used
PATD questionnaire								
Anderson <i>et al</i> , 2020, <sup>1,2</sup> Australia	5	Medical records	Medical records	90	NR	Home, alone: 32	Researcher administered at patient's home or by phone	-
Aoki e <i>t al</i> , 2019, <sup>3</sup> Japan	NR	Self-report	Self-report	NR	NR	NR	Self- administered at patient's home, online or by post	Short Form Health Survey, Physical Health Composite Scale score, Mental Health Composite Scale score
Candela e <i>t al</i> , 2019 (thesis), <sup>4</sup> Spain	2	Medical records	Medical records	NR	NR	NR	Researcher administered at an outpatient clinic	Simplified Medication Adherence Questionnaire
Cross <i>et al</i> , 2020,⁵ Australia	NR	-	Self-report + medical record	NR	20 <sup>b</sup>	Home, alone: 22 Home with companion/partner/family: 78	Researcher administered at patient's home or by phone	Medication Regimen Complexity Index, PIMcogs, Drug Burden Index score, Tool for Adherence Behaviour Screening, Quality of life EQ- 5D, Mini-Mental State Examination
Frankowski <i>et al</i> , 2019, <sup>6</sup> Netherlands	NR	-	Medical record	NR	NR	Residential psychiatric facility: 100	Researcher administered	Psychiatric diagnosis, health priorities
Galazzi <i>et al</i> , 2016, <sup>7</sup> Italy	4	Medical records	Medical records	NR	NR	Home, alone: 24 Home, with caregiver: 74	Self- administered	-

						Nursing home: 2	with help at hospital	
Gillespie <i>et al</i> , 2019, <sup>8</sup> Australia	3	Self-report	Self-report	NR	21	NR	Self- administered at patient's home	All Aspects of Health Literacy Scale 10 items, Canadian Survey of Experiences with Primary Health Care 3 items
Goulding unpublished, <sup>9</sup> USA	NR	-	Medical records	0	NR	NR	Self- administered at patient's home or pharmacy	-
Hao <i>et al</i> , 2018, <sup>10</sup> Malavsia	NR	-	NR	NR	11	NR	NR	-
Hendrix <i>et al,</i> 2019, <sup>11</sup> Australia	2 (Charlson Comorbidity Index)	Medical records	Medical records	NR	NR	NR	Researcher administered at a residential aged care facility	Activities of daily living Katz index, Neuropsychiatric Inventory Nursing Home version, Dementia Severity Rating Scale, FRAIL-NH scale, Charlson Comorbidity Index, Medication Regimen Complexity Index
Kalogianis <i>et al</i> , 2016, <sup>12</sup> Australia	NR	Medical records	Medical records	NR	NR	NR	Researcher administered at a residential aged care facility	Quality of Life in Alzheimer's Disease Scale (staff informant version)
Ng e <i>t al</i> , 2017, <sup>13</sup> Singapore	7 <sup>b</sup>	Medical records	Medical records	-	-	Home, alone: 8 Home with domestic helper/nurse: 2 Living with family: 89 Living with others: 2	Researcher administered at an outpatient healthcare centre	Wake Forest Physician Trust Scale
Qi <i>et al</i> , 2015, <sup>14</sup> Australia	2	Medical records	Medical records	NR	86 °	NR	Researcher administered at hospital	Edmonton Frail Scale, Mini-Mental State Examination
Reeve et al, 2014	3	Self-report	Self-report	100		NR	Researcher	-

(thesis) <sup>15,d</sup> , Australia							administered	
Reeve <i>et al</i> , 2013 (PATD development + results), <sup>16,17</sup> Australia	6	Self-report + medical record	Self-report + medical record	82	74	NR	Researcher administered at hospital	Beliefs about Medicines Questionnaire Specific, Mini-Mental State Examination score, Geriatric Depression Scale score, Morisky Medication Adherence Score, Drug Burden Index, Wake Forest Physician Trust scale
Saraswathy <i>et al</i> , 2018, <sup>18,e</sup> India	NR	NR	NR	NR	NR	NR	-	-
Schiøtz <i>et al</i> , 2018, <sup>19</sup> Denmark	6	Medical records	Self-report	NR	37	Home, alone: 69	Self- administered with help available at an outpatient clinic	The Australian Health Literacy Questionnaire 4 items, self-rated health question
Sirois <i>et al</i> , 2017, <sup>20</sup> Canada	NR	-	Self-report	89		NR	Self- administered at patient's home, pharmacy or community centre	-
Turner <i>et al</i> , 2018, <sup>21</sup> Canada	NR	-	Medical record	NR	45	NR	NR, administered at patient's home or by phone	Beliefs about Medicines Questionnaire Specific, Self-reported fair/poor health, Mini-Mental State Examination, Frailty (VES- $13 \ge 3$ )
ul Haq <i>et al</i> , 2016, <sup>22,e</sup> Pakistan	NR	-	NR	NR	NR	NR	Self- administered	-

							with help	
Van Marum e <i>t al</i> , 2016, <sup>23</sup> Netherlands	NR	-	Self-report + medical record	NR	NR	Home ("independent"): 73 Nursing home: 28	Researcher administered	-
Whitty <i>et al</i> , 2018, <sup>24</sup> Canada	NR	-	Medical record	NR	NR	NR	NR	Beliefs about Medicines Questionnaire, Edmonton Symptom Assessment System (revised), Clinical Frailty Score
rPATD, rPATDcog que	estionnaires							<u> </u>
Cardwell <i>et al</i> , 2020, <sup>25</sup> Ireland	NR	NR	Medical record	NR	34	NR	Self- administered with help available, NR	Quality of life (EQ-5D-5L), Visual Analogue Scale, Multimorbidity Treatment Burden Questionnaire
Edelman <i>et al</i> , 2019, <sup>26,27</sup> Netherlands	NR	Self-report	Self-report	NR	NR	NR	Self- administered at patient's home	International Prostate Symptom Index, Overactive Bladder questionnaire
Gnjidic <i>et al</i> , 2019, <sup>28</sup> Australia	2 (Charlson Comorbidity Index)	Self-report	Medical records	NR	38	NR	NR, administered at hospital	Charlson Comorbidity Index, Mini- Mental State Examination, Reported Edmonton Frail Scale, Control Preference Scale, Single Item Literacy Screener
lkeji <i>et al</i> , 2019, <sup>29,30</sup> USA	NR	-	Self-report	87	NR	NR	Self- administered at an outpatient geriatric clinic	-
Kua C-H et al,	5	Self-report	Self-report	NR	29	Home with	Self-	-

2020, <sup>31</sup> Singapore						companion/partner/family: 86	administered at hospitals, community pharmacies and primary care clinics	
Kua K <i>et al,</i> 2019, <sup>32-34</sup> Malaysia	NR	-	NR	91 (health clinic) 74 (pharmacies)	10	Home, alone: 10 Home with family/friends: 90	Self- administered at community pharmacies and primary care clinics	-
Lundby e <i>t al</i> , 2019, <sup>35,e</sup> Denmark	NR	NR	NR	NR	NR	NR	NR, at a residential aged care facility	-
Major e <i>t al</i> , 2019, <sup>36,f</sup> Australia	NR	-	NR	NR	NR	NR	Self- administered with help available at patient's home	-
Martinez e <i>t al</i> , 2020, <sup>37</sup> USA	NR	Medical records	Medical record		73	NR	Self- administered, NR	-
Ng e <i>t al</i> , 2019, <sup>38,e</sup> Malaysia	NR	NR	Self-report	NR	NR	NR	NR, at a public health talk	-
Nusair <i>et al</i> , 2020, <sup>39</sup> Jordan	4 <sup>b</sup>	NR	NR	NR	25	NR	NR	-
Omar e <i>t al</i> , 2019, <sup>40</sup> Malaysia	3	Self-report	Self-report		17	NR	NR	-
Paque <i>et al</i> , 2019, <sup>41</sup> Belgium	NR	NR	Medical records	NR	15	NR	Researcher administered at a residential aged care facility	Activities of daily living Katz index, Mini Mental State Examination, Minimum Data Set Mortality Risk Index
Reeve <i>et al</i> , 2019 (rPATD development + results), <sup>42,43</sup> Australia	NR	Self-report	Self-report	92	74	NR	Self- administered at patient's home	Self-rated health, abbreviated Wake Forest Trust in Physician Scale, Patient Autonomy Index and the Beliefs about Medicines

								Questionnaire
Reeve <i>et al</i> , 2018, <sup>44,g</sup> USA	NR	-	Medical records	NR	57	NR	Self- administered at patient's home	-
Reeve <i>et al</i> , 2018 (rPATDcog), <sup>45</sup> Australia	3 <sup>b</sup>	Medical records and/or interview	Medical records and/or interview	67	29	Home, alone: 24 Home with carer/family/friend: 62 Retirement village: 5 RACF: 10	Researcher administered, NR	Goals of care questions
Scott <i>et al</i> , 2019, <sup>34</sup> UK	NR	Self-report	Self-report	NR	NR	NR	Self- administered with help available at hospital	-
Tegegn <i>et al</i> , 2018, <sup>46</sup> Ethiopia	2 (CCI)	NR	NR	NR	6	NR	Researcher administered, NR	Charlson Comorbidity Index

<sup>a</sup> Completed high school or higher education

<sup>ь</sup> Mean

<sup>c</sup> Secondary or above <sup>d</sup> This reference contains results from two cohorts; one of these cohorts was published separately (and so are reported separately: Reeve 2013). Data presented here is from the second cohort only (community pharmacy participants)

<sup>e</sup> This is an abstract

<sup>f</sup> This is an editorial comment

<sup>g</sup> Combined PATD and rPATD questions, for clarity we have classified this reference as using the rPATD questionnaire

eTable 2. Process of translation								
Source	Language	Forward-back translation (Y/N)	Pilot testing (Y/N)	Other description				
PATD questionnai	re							
Candela <i>et al</i> , 2019 (thesis), <sup>4</sup> Spain	Spanish	N	Ν	Researcher translated the PATD				
Frankowski <i>et al</i> , 2019, <sup>6</sup> Netherlands	Dutch	NR	NR	Noted to use Dutch translation from van Marum <i>et al,</i> 2016				
Galazzi e <i>t al,</i> 2016, <sup>7</sup> Italy	Italian	Y	Y	Pilot tested with 5 patients				
Schiøtz e <i>t al</i> , 2018, <sup>19</sup> Denmark	Danish	Y	Y	Pilot tested with 5 patients				
Sirois <i>et al</i> , 2017, <sup>20</sup> Canada	French	N	N	Two people independently translated and reached consensus on the final version				
Van Marum e <i>t al,</i> 2016, <sup>23</sup> Netherlands	Dutch	Y	Y	Pilot tested with 5 patients				
rPATD questionna	ire							
Edelman <i>et al</i> , 2019, <sup>26,27</sup> Netherlands	Dutch	NR	NR	Translated and linguistically validated using the World Health Organisation guideline 'Process of translation and adaptation of instruments'				
Kua <i>et al,</i> 2019, <sup>32-34</sup> Malaysia	Mandarin & Malay	Y	Y	Pilot tested with 10 older patients				
Lundby <i>et al,</i> 2019, <sup>35,a</sup> Denmark	Danish	Y	Y	Translated and culturally adapted during five stages of forward and backward translation. The prefinal questionnaire was pilot tested through semi-structured interviews with 11 RACF residents				
Nusair <i>et al,</i> 2020, <sup>39</sup> Jordan	Arabic	Y	Y	Pilot tested with 28 patients. Internal consistency and test-retest reliability. Validity was assessed through face validity and construct validity. Followed ISPOR's Principles of Good Practice for Translation and Cultural Adaptation				
Omar e <i>t al,</i> 2019, <sup>40</sup> Malaysia	Malay	Y	Y	Translation was confirmed by two pharmacists and one language expert. A pilot study was conducted with 20 older patients				
Paque <i>et al</i> , 2019, <sup>41</sup> Belgium	Dutch	Y	Ν	Forward and backward translation				
Tegegn <i>et al</i> , 2018, <sup>46</sup> Ethiopia	Amharic	Y	Y	Pilot tested with 25 older patients				
Y = yes								

N = no

NR = not reported

<sup>a</sup> This is an abstract

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Study	Questions	AGREE
Drug class		%
Description		Strongly
		agree +
		agree
Qi et al, 2015: <sup>14</sup>	Q11: I will continue taking the statin for as long as my doctor tells me I need to	98
Statins	Q12: I am concerned about the potential side-effects of taking the statin	94
Questions used in addition to	Q13: I trust my doctor to tell me if I should stop taking the statin	95
the PATD questionnaire	Q14: If my doctor said it was possible, I would stop taking the statin	95
	Q15: Recently heard negative information regarding statins (yes)	37
Edelman et al, 2019: <sup>26,27</sup>	Appropriateness: <sup>a</sup>	
Alpha-blockers	I would like to try stopping the alpha-blocker to see how I feel without it	
Questions in the	I would like my doctor to reduce the dose of the alpha-blocker	
'appropriateness' and	I feel that I may be taking the alpha-blocker that I no longer need	44
'concerns about stopping'	I believe the alpha-blocker may be currently giving me side effects	
factors of the rPATD	I think the alpha-blocker may not be working	
questionnaire were amended	Concerns about stonning:	+
by changing the word	I have had a had experience when stopping the alpha-blocker before	
'medicines' to 'alpha-blocker'	I would be reluctant to stop the alpha blocker that I had been taking for a long time	
·	If the alpha-blocker was stopped I would be worried about missing out on future benefits	7
	I det stressed whenever changes are made to my alpha-blocker	'
	If my doctor recommended stopping the alpha blocker I would feel that be/she was giving	
	up on me	
Gnjidic <i>et al</i> , 2019: <sup>28</sup>	I will continue taking the benzodiazepine for as long as my doctor tells me I need to	71
Benzodiazepines	I am concerned about the potential side effects of taking benzodiazepine	19
Questions used in addition to	I trust my doctor to tell me if I should stop taking the benzodiazepine	95
the rPATD questionnaire	If my doctor said it was possible, I would stop taking the benzodiazepine	95
	I believe that the benzodiazepine is effective in treating my symptoms	86
lkeji e <i>t al</i> , 2019: <sup>29,30</sup>	Q2. I'd like to be involved in making decisions about my PPI with my doctor	89
Proton Pump Inhibitors	Q3. I have a good understanding of the reason I was prescribed PPI	89
(PPIs)	Q7. If my doctor said it was possible, I would be willing to stop my PPI	84
Questions were amended by	Q13. I would like to try stopping my PPI to see how I feel without it	58
changing the word 'medicines'	Q14. I would like my doctor to reduce the dose of my PPI	47
to 'PPIs'. Except the primary	Q16. I believe my PPI may be giving side effects	0
outcome (Q7) was asked with	Q17. I think my PPI may not be working	32
both 'PPIs' and 'medicines'	Q18. I have had a bad experience when stopping my PPI	32
rPAID questionnaire	Q19. I would be reluctant to stop my PPI	47
	Q21. I get stressed whenever changes are made to my PPI	5
	Q22. If my doctor recommended stopping my PPI I would feel that they were giving up on	33

#### eTable 3. Medication-specific questions in adapted (r)PATD questionnaires

<sup>a</sup> Alpha-blocker-specific rPATD factor were categorised into 'disagree' (mean factor score, 1.0–2.4), 'neutral' (2.5–3.5), and 'agree' (3.6–5.0). The results were then expressed as percentages

	Background (2)	Methods (15)	Results (5)	Discussion (3)	Ethics & Disclosure (3)	TOTAL (26)
PATD questionnaire			Yes & Par	tially N (%) <sup>b</sup>	· · · · · · · · · · · · · · · · · · ·	
Anderson <i>et al</i> , 2020	2 (100)	9 (69)	4 (100)	3 (100)	3 (100)	21 (84)
Aoki <i>et al</i> , 2019 <sup>3</sup>	2 (100)	8 (62)	4 (80)	3 (100)	3 (100)	20 (83)
Cross <i>et al</i> , 2020 <sup>5</sup>	2 (100)	9 (69)	4 (80)	3 (100)	3 (100)	21 (88)
Frankowski <i>et al</i> , 2019 <sup>6</sup>	2 (100)	9 (60)	5 (100)	3 (100)	2 (67)	21 (81)
Galazzi <i>et al</i> , 2016 <sup>7</sup>	2 (100)	12 (80)	4 (80)	3 (100)	3 (100)	24 (92)
Gillespie <i>et al</i> , 2019 <sup>8</sup>	2 (100)	12 (92)	4 (80)	2 (67)	3 (100)	24 (88)
Hao <i>et al</i> , 2018 <sup>10</sup>	2 (100)	5 (38)	3 (60)	0 (0)	2 (67)	12 (53)
Hendrix <i>et al,</i> 2019 <sup>11</sup>	2 (100)	6 (46)	3 (75)	3 (100)	3 (100)	17 (84)
Kalogianis <i>et al</i> , 2016	2 (100)	8 (62)	5 (100)	3 (100)	3 (100)	21 (92)
Ng <i>et al</i> , 2017 <sup>13</sup>	2 (100)	10 (77)	4 (80)	3 (100)	3 (100)	22 (91)
Qi <i>et al</i> , 2015 <sup>14</sup>	2 (100)	11 (85)	3 (60)	3 (100)	3 (100)	22 (89)
Reeve <i>et al</i> , 2014 (thesis) <sup>15,c</sup>	2 (100)	11 (85)	4 (80)	2 (67)	3 (100)	22 (86)
Reeve <i>et al</i> , 2013 (PATD development + results) <sup>16,17</sup>	2 (100)	11 (85)	3 (75)	3 (100)	3 (100)	22 (92)
Saraswathy <i>et al</i> , 2018	2 (100)	1 (8)	3 (60)	1 (33)	0 (0)	4 (28)
Schiøtz <i>et al</i> , 2018 <sup>19</sup>	2 (100)	10 (67)	3 (75)	3 (100)	3 (100)	21 (88)
Sirois <i>et al</i> , 2017 <sup>20</sup>	2 (100)	10 (67)	4 (80)	3 (100)	3 (100)	22 (89)
Turner <i>et al</i> , 2018 <sup>21</sup>	2 (100)	8 (62)	3 (60)	2 (67)	3 (100)	18 (78)
ul Haq <i>et al</i> , 2016 <sup>22,d</sup>	2 (100)	3 (23)	1 (20)	0 (0)	0 (0)	6 (29)
Van Marum <i>et al</i> , 2016	2 (100)	8 (53)	5 (100)	3 (100)	2 (67)	20 (84)
Whitty <i>et al</i> , 2018 <sup>24</sup>	2 (100)	8 (62)	3 (60)	3 (100)	3 (100)	19 (84)
rPATD, rPATDcog que	stionnaires					
Cardwell <i>et al</i> , 2019 <sup>25</sup>	2 (100)	7 (54)	4 (80)	3 (100)	3 (100)	17 (81)
Edelman <i>et al</i> , 2019 <sup>26,27</sup>	2 (100)	12 (80)	5 (100)	3 (100)	3 (100)	25 (95)
Gnjidic <i>et al</i> , 2019 <sup>28</sup>	2 (100)	9 (69)	4 (100)	2 (67)	3 (100)	20 (87)
lkeji <i>et al</i> , 2019 <sup>29,30</sup>	2 (100)	7 (58)	2 (67)	2 (67)	3 (100)	16 (78)
Kua CH <i>et al</i> , 2020 <sup>31</sup>	2 (100)	11 (85)	4 (100)	3 (100)	2 (67)	21 (85)
Kua K <i>et al,</i> 2019 32-34	2 (100)	9 (60)	4 (80)	3 (100)	3 (100)	21 (88)
Lundby <i>et al</i> , 2019 <sup>35,d</sup>	2 (100)	5 (33)	2 (40)	1 (33)	0 (0)	10 (41)
Major <i>et al</i> , 2019 <sup>36,e</sup>	2 (100)	3 (23)	2 (50)	1 (33)	1 (33)	9 (48)

## eTable 4. Quality assessment of studies using the SURGE checklist (n = 38)<sup>a</sup>

Martinez et al, 2020 37	2 (100)	8 (67)	3 (75)	3 (100)	3 (100)	19 (88)
Ng <i>et al</i> , 2019 38,d	2 (100)	4 (31)	0 (0)	0 (0)	0 (0)	6 (26)
Nusair <i>et al</i> , 2020 <sup>39</sup>	2 (100)	11 (73)	3 (60)	3 (100)	3 (100)	22 (87)
Omar <i>et al</i> , 2019 <sup>40</sup>	2 (100)	9 (60)	4 (80)	3 (100)	3 (100)	21 (88)
Paque <i>et al</i> , 2019 <sup>41</sup>	2 (100)	11 (73)	3 (60)	3 (100)	3 (100)	22 (87)
Reeve <i>et al</i> , 2019 (rPATD results) <sup>42,43</sup>	2 (100)	12 (92)	4 (80)	3 (100)	3 (100)	24 (94)
Reeve et al, 2018 44	2 (100)	9 (75)	4 (80)	2 (67)	3 (100)	20 (84)
Reeve <i>et al</i> , 2018 (rPATDcog) <sup>45</sup>	2 (100)	10 (77)	3 (60)	3 (100)	3 (100)	22 (87)
Scott <i>et al</i> , 2019 <sup>34</sup>	2 (100)	10 (77)	5 (100)	3 (100)	3 (100)	23 (95)
Tegegn <i>et al</i> , 2018 46	2 (100)	10 (67)	4 (80)	3 (100)	3 (100)	22 (89)

<sup>a</sup> Assessment of quality reporting was unable to be performed on two of the studies: Candela *et al*, 2019 (thesis in Spanish),<sup>4</sup> and Goulding (unpublished report) <sup>9</sup> <sup>b</sup> 'Applicable' responses only, 'not applicable' responses are removed <sup>c</sup> This reference contains results from two cohorts; one of these cohorts was published separately (and so are reported separately: Reeve 2013). Data presented here is from the second cohort only (community pharmacy participants)

<sup>d</sup> This is an abstract

<sup>e</sup> This is a short report

67-100%	
34-66%	
0-33%	

## eTable 5. Quality assessment summary using the SURGE checklist according to checklist items (n = 38)<sup>a</sup>

Checklist items	Yes	Partially	Not	Not
		-	reported	applicable
Background (2 items)			N = 38	
Study design stated in title/abstract	36	2	0	0
Purpose or aim of the research	37	1	0	0
Methods (15 items)				
Questionnaire described	30	8	0	0
Psychometric properties presented	9	19	10	0
References to the original work	34	2	2	0
If translated, the procedures to develop and pre-test it provided	4	4	4	26
If translated, reliability and validity reported	2	5	6	25
Scoring procedures described	17	2	19	0
Description of the desired population	27	7	4	0
Representativeness	16	9	13	0
Sample size calculation or justification for not doing one	18	1	19	0
Reported how the survey was administered <sup>b</sup>	30	-	8	-
Reported the format of the survey	13	-	26	-
Full information about number and type of contact	1	13	22	2
Report whether incentives were provided	1	0	37	0
Description of methods used for data analysis	31	1	6	0
Methods for handling item missing data provided	19	5	13	1
Results (5 items)				
Response rate reported or details for why it was not reported	17	5	14	2
All respondents accounted for or details about missing	29	4	2	3
data/participants provided				
Details on how non-respondents differ from respondents	3	2	28	5
Results presented clearly	33	3	2	0
Results address objectives	35	2	1	0
Discussion (3 items)				
Strengths of the study stated	32	1	5	0
Limitations of the study stated	32	0	6	0
Generalisability	22	6	10	0
Ethics and disclosure (3 items)				
Sponsorship or funding reported	30	0	8	0
Research ethics approval	33	0	5	0
Consent	33	0	5	0

<sup>a</sup> Assessment of quality reporting was unable to be performed on two of the studies: Candela *et al*, 2019 (thesis in Spanish),<sup>4</sup> and Goulding (unpublished report)<sup>9</sup> <sup>b</sup> Additional details available in Supplementary Table 6

#### eTable 6. Caregivers' results from the rPATD questionnaire

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
Study	Global		Involve	ement		Global		Bur	den			Appr	opriate	ness			Conc	erns	
AGREE % (strongly agree + agree)																			
Kua C-H e <i>t</i> <i>al</i> , 2020 <sup>31</sup>	86	80	90	91	82	87	56	55	57	45	40	45	29	34	17	18	35	35	20
Kua K <i>et al,</i> 2019 <sup>32-34</sup>	83	50	60	73	52	65	48	44	46	39	52	54	31	35	31	23	39	40	14
Paque <i>et al</i> , 2019 <sup>41</sup>	85	74	75	81	54	79	22	20	19	4	15	14	11	14	6	17	40	13	11
Reeve et al, 2019 (rPATD development + results) <sup>42,43</sup>	82	88	95	86	83	84	41	42	31	25	21	15	22	29	16	21	36	29	21
Scott e <i>t al</i> , 2019 <sup>34</sup>	80	66	80	71	75	81	53	<b>57</b> ª	37	22	44	24	37	36	22	7	54	17	21

Q1. Overall, I am satisfied with my care recipient's current medicines

Q2. I like to be involved in making decisions about my care recipient's medicines with their doctors

Q3. I like to know as much as possible about my care recipient's medicines

Q4. I always ask the doctor, pharmacist or other health care professional if there is something I don't understand about my care recipient's medicines

Q5. I know exactly what medicines the person that I care for is currently taking and/or I have an up to date list of their medicines

Q6. If their doctor said it was possible I would be willing to stop one or more of my care recipient's medicines

Q7. I feel that the person I care for is taking a large number of medicines

Q8. My care recipient's medicines are quite expensive

Q9. Sometimes I think the person I care for takes too many medicines

Q10. I feel that my care recipient's medicines are a burden to them

Q11. I would like the doctor to try stopping one of my care recipient's medicines to see how they feel without it

Q12. I would like the doctor to reduce the dose of one or more of my care recipient's medicines

Q13. I feel that the person that I care for may be taking one or more medicines that they no longer need

Q14. I believe one or more of my care recipient's medicines may be currently giving them side effects

Q15. I think one or more of my care recipient's medicines may not be working

Q16. The person that I care for has had a bad experience when stopping a medicine before

Q17. I would be reluctant to stop one of my care recipient's medicines that they had been taking for a long time

Q18. I get stressed whenever changes are made to my care recipient's medicines

Q19. I feel that if I agreed to stopping one of my care recipient's medicines then this is giving up on them

<sup>a</sup> Question modified for the UK context: 'I feel the National Health Service (NHS) spends a lot of money on my care recipient's medicines'

Not reported
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

eTable 7.	Patients: Associa	ations with prima	ry outcome	question "	flf my doctor	said it was
possible,	I would be willing	g to stop one or r	nore of my r	regular me	dicines"	

Variable: # of studies	Study	Associations found
reporting a significant		
association/# of		
studies that examined		
the association		
Age: 5/12	Aoki <i>et al</i> , 2019 <sup>3</sup>	<ul> <li><sup>3</sup> Increasing age was found to be significantly associated with patients' willingness to deprescribe (OR per 10-year increase 1.12; 95% CI 1.04–1.20)</li> </ul>
	lies cantStudyAssociationsinedAoki et al, 2019 $^3$ $^3$ Increasing a patients' willin 95% CI 1.04-Hao et al, 2018 $^{10}$ $^{10}$ Age of parti- deprescribe (SKua, K et al 2019 $^{32}$ $^{32}$ Patients ag medications dNg et al, 2017 $^{13}$ $^{13}$ Patients of y their medication 	
	Hao <i>et al</i> , 2018 <sup>10</sup>	<sup>10</sup> Age of participant was negatively correlated with willingness to deprescribe (Spearman's rho ( $\rho$ ) = -0.127, p < 0.05)
	Kua, K <i>et al</i> 2019 <sup>32</sup>	<sup>32</sup> Patients aged 75 and over were more willing to have their medications deprescribed (p = 0.003)
	Ng <i>et al</i> , 2017 <sup>13</sup>	<sup>13</sup> Patients of younger age (<65 years old) were more willing to have their medications deprescribed ( $p = 0.02$ )
	ul Haq <i>et al</i> , 2016 <sup>22</sup>	<ul> <li><sup>22</sup> Age (not specific) had a significant influence on the positive attitude</li> <li>(p = 0.001) on willingness to deprescribe</li> </ul>
	<i>Kua C-H et al, 2020</i>	No significant association
	Qi <i>et al</i> , 2015 47	No significant association
	Tegegn <i>et al</i> , 2018 48	No significant association
	Reeve <i>at al</i> , 2019 <sup>42,43</sup> (r <i>PATD</i>	No significant association
	development + results)	
	Reeve et al, 2018 44	No significant association
	Reeve <i>et al</i> , 2014 <sup>49</sup> ( <i>thesis</i> ) <sup>a</sup>	No significant association
	Reeve <i>et al</i> , 2013 <sup>16,17</sup> ( <i>PATD</i> <i>development</i> +	No significant association
	results)	
Number of medications: 3/11	Aoki <i>et al</i> , 2019 <sup>3</sup>	<sup>3</sup> Patients: ≥ 5 (polypharmacy) more willing to deprescribe than 1-4 regular prescription meds (aOR 1.43; 95% CI 1.08–1.88)
	Kua C-H <i>et al,</i> 2020	<sup>31</sup> Unclear if finding is + or – "No significant differences in sub-group analysis" (p = 0.031)
	Reeve <i>et al,</i> 2018 <sup>44</sup>	<sup>44</sup> Older adults taking 6 or more medications compared with fewer than 6 (adjusted odds ratio [aOR], 2.90; 95%CI, 1.74-4.82) had greater odds of willingness to deprescribe ( $p = < 0.05$ )
	Reeve <i>et al</i> , 2013 <sup>16,17</sup> ( <i>PATD</i> <i>development</i> + <i>results</i> )	No significant association
	Gillespie <i>et al,</i> 2019 <sup>8</sup>	No significant association
	Kua, K et al 2019 32	No significant association
	Kalogianis <i>et al</i> , 2016	No significant association
	Qi <i>et al</i> , 2015 <sup>47</sup>	No significant association
	ul Haq <i>et al</i> , 2016 22	No significant association
	Reeve et al, 2014 <sup>49</sup> (thesis) <sup>a</sup>	No significant association
	Reeve <i>et al</i> , 2013 <sup>16,17</sup> ( <i>PATD</i> <i>development</i> +	No significant association

	results)	
Number of chronic	Aoki <i>et al</i> , 2019 <sup>3</sup>	<sup>3</sup> Two or more chronic health conditions were positively associated
health conditions: 2/4	,	with patients' willingness to deprescribe [adjusted odds ratio (aOR)
		1.35: 95% confidence interval (CI) 1.06–1.721. Adjusted for age and
		sex
	Reeve et al. 2018 44	$^{44}$ Older adults with 2 to 3 (aOR 2 87: 95%Cl 1 75-4 69) and more
		than 3 medical conditions (aOR, $2.87$ ; $95\%$ Cl, $1.53$ - $5.37$ ) compared
		with fewer than 2 had greater odds of willingness to deprescribe ( $n < 1$
	Reeve et al 2013	No significant association
	16,17 (PATD	No significant association
	development +	
	results)	
	Tegegn <i>et al.</i> 2018 <sup>48</sup>	No significant association
	(Charlson	
	Comorbidity Index)	
Gender (female): 0/6	Aoki et al. $2019^{3}$	No significant association
	Kua C-H <i>et al.</i> 2020	No significant association
	31	
	Kua, K <i>et al</i> 2019 32	No significant association
	Tegegn <i>et al</i> , 2018 48	No significant association
	Reeve at al. 2019	No significant association
	<sup>42,43</sup> (r <i>PATD</i>	
	development +	
	results)	
	Reeve et al. 2018 44	No significant association
Education level: 1/6	Kua, K <i>et al</i> 2019 <sup>32</sup>	<sup>32</sup> Patients with lower educational level may be more willing to have
	,	their medications deprescribed ( $-0.158$ , p < 0.001) Spearman's
		correlation test
	Reeve et al. 2018 44	No significant association
	Aoki <i>et al.</i> 2019 <sup>3</sup>	No significant association
	Kua C-H <i>et al.</i> 2020	No significant association
	31	
	Reeve at al. 2019	No significant association
	<sup>42,43</sup> (r <i>PATD</i>	5
	development +	
	results)	
	Tegegn <i>et al</i> , 2018 48	No significant association
Discount medications	Reeve at al, 2019	<sup>42,43</sup> Possession of a concession card (OR = 3.194; 95% CI = 1.19-
(concession card or	<sup>42,43</sup> (r <i>PATD</i>	8.59) increased the likelihood of agreeing to have a medication
drug coverage) (yes):	development +	deprescribed (older adults)
2/4	results)	
	Reeve <i>et al</i> , 2013	<sup>16,17</sup> Possession of a medication discount card was correlated with
	<sup>16,17</sup> ( <i>PATD</i>	less willingness to stop a medication (p = 0.048)
	development +	
	results)	
	Reeve <i>et al,</i> 2018 44	No significant association
	ul Haq <i>et al</i> , 2016 <sup>22</sup>	No significant association
Trust in physician	Ng <i>et al</i> , 2017 <sup>13</sup>	<sup>13</sup> Patients with a higher physician trust score were more willing to
(High Wake Forest		deprescribe (p = <0.01)
Trust in Physician	Reeve <i>et al</i> , 2013	<sup>16,17</sup> Higher physician trust score was correlated with greater
score): 2/3	<sup>16,17</sup> ( <i>PATD</i>	willingness to stop a medication (p = 0.05)
	development +	
	results)	
	Reeve <i>at al</i> , 2019	No significant association
	<sup>42,43</sup> (r <i>PATD</i>	
	development +	
	results)	
Cognitive impairment	Reeve et al, 2018 44	No significant association
or dementia: 0/2	Qi et al, 2015 4/	No significant association
Frailty: 1/2	Reeve <i>et al</i> , 2018 44	<sup>44</sup> Older adults reporting fair/poor health compared

		with excellent/very good health (aOR, 0.46; 95% CI,
		0.24-0.86) had lower odds of willingness to deprescribe (p = < $0.05$ )
	Qi et al, 2015 4/	No significant association
Number of doctors	Kua C-H <i>et al</i> , 2020	<sup>31</sup> Having greater than three doctors was correlated with willingness to
(greater than 3): 1/1		stop a medication (p = 0.014) Mann–Whitney U test
Use of a dose	42.43 (rDATD	No significant association
auministration ald. 0/2	development +	
	Reeve et al. 2013	No significant association
	<sup>16,17</sup> ( <i>PATD</i>	
	development +	
	results)	
Self-managed	Kua C-H <i>et al</i> , 2020	No significant association
medications: 0/2	31	
	Reeve at al, 2019	No significant association
	42,40 (rPAID	
Private health	Kua C-H et al 2020	No significant association
insurance: 0/2	31	
	Reeve at al, 2019	No significant association
	<sup>42,43</sup> (r <i>PATD</i>	
	development +	
	results)	
Overall health literacy	Gillespie <i>et al,</i> 2019 °	° A positive correlation between willingness to stop one or more
(All Aspects of Health		medications and overall health literacy scores (rs = $0.229$ , p = $<$
Scale (AAHI S): 1/1		0.009)
Critical health literacy	Gillespie <i>et al.</i> 2019 8	<sup>8</sup> A positive correlation between willingness to stop one or more
(AAHLS): 1/1		medications and critical health literacy scores (rs = $0.198$ , p = $<0.021$ )
Health status: 1/3	Reeve <i>et al,</i> 2018 44	<sup>44</sup> Older adults reporting fair/poor health compared
		with excellent/very good health (aOR, 0.46; 95% CI,
		0.24-0.86) had lower odds of willingness to deprescribe (p = < $0.05$ )
	AOKI et al, 2019 3	No significant association
	42,43 (rDATD	No significant association
	development +	
	results)	
Mental health status:	Aoki <i>et al</i> , 2019 <sup>3</sup>	No significant association
0/2	(MCS Mental Health	
	Composite Scale	
	score)	
		No significant association
	development +	
	results)	
Setting: 1/1	Kua C-H <i>et al</i> , 2020	<sup>31</sup> Acute hospital patients were more willing to deprescribe than
<b>.</b>	31	community pharmacy (p = 0.023)
Number of visits to a	Aoki <i>et al</i> , 2019 <sup>3</sup>	<sup>3</sup> 2-5 medical visits more willing to deprescribe than $\leq$ 1 medical visits:
medical institution: 1/1		1.34 (1.03–1.75) (p=0.028)
Number of medical	Kua, K <i>et al,</i> 2019 <sup>32</sup>	No significant association
centres managing the	Edelman <i>et al,</i> 2019	No significant association
Fnglish as a first	Reeve et al 2019	$^{42,43}$ Having English as a first language (OR = 3 779, 95% CI = 1 07-
language: 1/1	<sup>42,43</sup> (rPATD	13.36) increased the likelihood of agreeing to have a medication
	development +	deprescribed
	results)	
Race: 1/1	Reeve <i>et al,</i> 2018 44	<sup>44</sup> Non-Hispanic black respondents (aOR, 0.60; 95% CI,
		0.37-0.96) and respondents of other races (aOR, 0.46;
		95%CI,0.24-0.89) had lower odds of willingness to deprescribe (p = <

		0.05)
Previous experience	Reeve <i>et al</i> , 2013	No significant association
with deprescribing: 0/2	<sup>16,17</sup> ( <i>PATD</i>	
	development +	
	results)	
	Paque <i>et al</i> , 2019 41	No significant association

Variables not included in this table were only studied in a single study and no association found: number of medication doses per day <sup>3</sup>, income <sup>3</sup>, functional and communicative health literacy (AAHLS) <sup>8</sup>, living situation <sup>31</sup>, recent fall <sup>44</sup>, high patient autonomy index score <sup>42,43</sup>, reason for hospital admission <sup>48</sup>, recent medication review <sup>42,43</sup>, goals of care: 'extend duration of life, goals of care: 'be comfortable' <sup>42,43</sup>.

<sup>a</sup> This reference contains results from two cohorts; one of these cohorts was published separately (and so are reported separately: Reeve 2013). Data presented here is from the second cohort only (community pharmacy participants)

eTable 8. Caregivers: Associations with the primary outcome question "If their doctor said it was possible, I would be willing to stop one or more of my care recipient's medicines"

Source, year	Variables, statistical significance and direction of association							
	Age (increasin g)	Gender (female)	Education level	Self- managed medications <sup>±</sup>	Self-rated physical health (excellent/good) <sup>±</sup>	Number of doctors <sup>±</sup>	Previous experience with deprescribing <sup>±</sup>	
rPATD					1			
Kua C-H e <i>t al</i> , 2020 <sup>31</sup>	NS	NS	S+ ª	NS⁵	1	S+ °	1	
Reeve et al, 2019 (rPATD results) 42,43	NS	NS	NS	S+	S+	1	1	
Paque e <i>t al,</i> 2019	1	1	1	1	1	/	NS	
TOTAL EXAMINED	1	1	2	2	1	1	1	
TOTAL SIGNIFICANT	0	0	1	1	1	1	0	

NE = Not examined

NS = Not significant

S = Significant

+ = Increasing/higher variable (or Female gender or previous experience with deprescribing) associated with increasing willingness to deprescribe

- = Decreasing/lower variable (or Male gender, or no previous experience with deprescribing) associated with increasing willingness to deprescribe

<sup>a</sup> University>secondary

<sup>b</sup> Self-managed/self-managed with help/family or friend

<sup>c</sup> More than 3 doctors or less than 3 doctors

± Of care recipient



## eFigure 1: PRISMA Flow diagram of included articles

# eFigure 2. Subgroup analyses of proportion of patients who agreed or strongly agreed with the question "If my doctor said it was possible, I would be willing to stop one or more of my medicines"

2a. Study setting (residential aged care facilities,	community/primary care, outpatients/ambulatory
care, inpatients/hospital)	

Study	Events	Total		Proportion	95%-CI	Weight
RACFs			÷			
Saraswathy 2018	126	257		0 49	[0.43, 0.55]	3.0%
Kalogianis 2016	183	231		0.79	[0.73, 0.84]	3.0%
Hendrix 2019	118	142		0.83	[0.76; 0.89]	2.9%
Schi tz 2018	85	100		0.85	[0.76: 0.91]	2.0%
Pague 2019	115	135		0.85	[0.78; 0.91]	2.0%
Lundby 2019	137	150		0.00	[0.70, 0.01]	2.0%
Pandom effects model	107	102/		0.00	[0.68: 0.87]	17 3%
Heterogeneity: $I^2 = 95\%$ , $\tau^2$	= 0.0194	10 <b>24</b> 1, p < 0	.01	0.75	[0.00, 0.07]	17.570
Community/primary.car	Ω.					
ul Hag 2016	<u> </u>	207		0.55	IO 48· 0 621	2 9%
Goulding 2020	32	58		0.55	[0.40, 0.02]	2.5%
	240	500		0.55	[0.42, 0.00]	2.0 /0
Siraia 2017	040	120		0.00	[0.03, 0.72]	3.0 %
	09	129		0.69		2.0%
Kua 2020	511	615	-	0.83	[0.80; 0.86]	3.1%
Hao 2018	185	222		0.83	[0.78; 0.88]	3.0%
Reeve 2019	331	386		0.86	[0.82; 0.89]	3.0%
Turner 2018	421	489		0.86	[0.83; 0.89]	3.0%
Reeve 2014	68	77	<u> </u>	0.88	[0.79; 0.95]	2.7%
Gillespie 2019	121	137		0.88	[0.82; 0.93]	2.9%
Reeve 2018	1752	1981		0.88	[0.87; 0.90]	3.1%
Cardwell 2019	86	96		0.90	[0.82; 0.95]	2.8%
Edelman 2019	115	124	· · · ·	0.93	[0.87; 0.97]	2.8%
Martinez 2020	28	30		0.93	[0.78; 0.99]	2.2%
Na 2017	127	136		0.93	0.88: 0.97	2.9%
Anderson 2020	69	73		0.95	[0.87: 0.98]	2.7%
Van Marum 2016	39	40		0.98	$[0.87 \cdot 1.00]$	2.4%
Random effects model	00	5302		0.84	[0.79: 0.89]	47.8%
Heterogeneity: $I^2 = 94\%$ , $\tau^2$	= 0.0194	1, <i>p</i> < 0	.01	0.04	[0.75, 0.05]	47.070
Outpatients/ambulatory	care					
Aoki 2019	1006	1483	-	0.68	[0 65· 0 70]	3 1%
Togogn 2018	258	316		0.00	[0.00, 0.70]	3.0%
Condolo 2010	172	210		0.02	[0.77, 0.00]	3.0%
	1/3	210		0.82		2.970
	10	19		0.04	[0.60, 0.97]	1.9%
Cross 2020	44	50		0.88	[0.76; 0.95]	2.5%
Nusair 2020	323	358		0.90	[0.87; 0.93]	3.0%
Random effects model		2436		0.83	[0.73; 0.91]	16.4%
Heterogeneity: $I^2 = 96\%$ , $\tau^2$	= 0.0194	1, p < 0	.01			
Inpatients/hospital	00	47	_	0.77	10,00, 0,001	0.501
	36	47		0.77	[U.62; U.88]	2.5%
Gnjidic 2019	37	42		0.88	[0.74; 0.96]	2.4%
Qi 2015	160	180	÷ •	0.89	[0.83; 0.93]	2.9%
Galazzi 2016	89	100		0.89	[0.81; 0.94]	2.8%
Reeve 2013	92	100		0.92	[0.85; 0.96]	2.8%
Whitty 2018	49	53		0.92	[0.82; 0.98]	2.5%
Scott 2019	73	75		0.97	[0.91; 1.00]	2.7%
Random effects model		597		0.90	[0.82; 0.96]	18.5%
Heterogeneity: $I^2 = 57\%$ , $\tau^2$	= 0.0194	1, p = 0	03			
Random effects model		9359		0.84	[0.80; 0.88]	100.0%
Heterogeneity: $I^2 = 95\%$ , $\tau^2$	= 0.0194	1, <i>p</i> < 0			-	
RACFS = Residential Age	d Care	Faciliti	es			

## 2b. Age (no age criteria vs older adults: ≥65 years)

Study
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**Events Total** 

Proportion	
------------	--

#### 95%-CI Weight

No age criteria					
Saraswathy 2018	126	257			
ul Hag 2016	113	207		-	
Goulding 2020	32	58 -		<u> </u>	
Kua 2019	340	502	_		
Aoki 2019	1006	1483			
Frankowski 2019	36	47			
Cross 2020	44	50			
Reeve 2014	68	77			
Nusair 2020	323	358			
Reeve 2013	92	100			
Edelman 2019	115	124			
Martinez 2020	28	30			
Ng 2017	127	136			
Random effects model	121	3429		-	
Heterogeneity: $l^2 = 0.6\%$ $c^2 = -1.0\%$	0.0169		01		$\smile$
Helefogeneity. $T = 96\%, \tau =$	0.0166	p, p < 0.	01		
Oldor adults: >65 years					
Sirois 2017	80	120			
Kalagiania 2016	102	129			
	103	231			
Condolo 2010	200 170	310			
	1/J	210			
	511	015			
	118	142			
	185	222			
	16	19			
Schitz 2018	85	100			
Paque 2019	115	135			
Reeve 2019	331	386			
lurner 2018	421	489			-
Lundby 2019	137	159			
Gnjidic 2019	37	42			
Gillespie 2019	121	137			
Reeve 2018	1752	1981			
Qi 2015	160	180			÷
Galazzi 2016	89	100			
Cardwell 2019	86	96			
Whitty 2018	49	53			
Anderson 2020	69	73			
Scott 2019	73	75			
Van Marum 2016	39	40			
Random effects model		5930			$\sim$
Heterogeneity: $I^2 = 74\%$ , $\tau^2 =$	0.0168	8, p < 0.	01		
Random effects model		9359			$\diamond$
Heterogeneity: $I^2 = 95\%$ , $\tau^2 =$	0.0168	8, p < 0.	01		
		-	0.5	0.6 0.7	0.8 0.9

#### 0.84 [0.81; 0.87] 100.0%

0.88 [0.87; 0.90] 0.89 [0.83; 0.93]

0.89 [0.81; 0.94]

0.95 [0.87; 0.98]

0.97 [0.91; 1.00]

0.90 [0.82; 0.95] 2.7% 0.92 [0.82; 0.98]

0.98 [0.87; 1.00] 2.3%

0.87 [0.83; 0.90] 64.1%

3.1%

2.9%

2.8%

2.5%

2.6%

2.7%

## 2c. Continent

Study	Events	Total		Proportion	95%-CI	Weight
			:			
Asia	100	057		0.40	10 40 0 551	0.00/
Saraswathy 2018	126	257 -	-	0.49	[0.43; 0.55]	3.0%
ul Haq 2016	113	207		0.55	[0.48; 0.62]	2.9%
Kua 2019	340	502		0.68	[0.63; 0.72]	3.0%
Aoki 2019	1006	1483	- <u>-</u>	0.68	[0.65; 0.70]	3.1%
Kua 2020	511	615	-	0.83	[0.80; 0.86]	3.1%
Hao 2018	185	222		0.83	[0.78; 0.88]	3.0%
Nusair 2020	323	358		0.90	[0.87; 0.93]	3.0%
Ng 2017	127	136		0.93	[0.88; 0.97]	2.9%
Random effects model	-	3780		0.75	[0.66; 0.83]	23.9%
Heterogeneity: $I^2 = 98\%$ , $\tau$	<sup>2</sup> = 0.019 <sup>4</sup>	4, p < 0.01				
North Amorica						
Goulding 2020	32	58		0.55	10 42.0 681	2.6%
Sirois 2017	80	120		0.00	[0.42, 0.00]	2.0%
	16	123		0.03	[0.00, 0.77]	2.0%
Turper 2018	10	19		0.04	[0.00, 0.97]	3.0%
Roovo 2018	1752	1091		0.00	[0.03, 0.09]	3.0%
	1752	52		0.00		0.1% 0.5%
Martinaz 2020	49	20		0.92	[0.02, 0.90]	2.5%
Martinez 2020	28	30		0.93	[0.78; 0.99]	Z.Z%
Random effects model	$^{2} - 0.010$	2759		0.82	[0.73; 0.90]	18.1%
Helerogeneily: $T = 91\%$ , $\tau$	= 0.0194	+, <i>p</i> < 0.01				
Europe						
Frankowski 2019	36	47		0.77	[0.62; 0.88]	2.5%
Candela 2019	173	210		0.82	[0.77; 0.87]	2.9%
Schitz 2018	85	100		0.85	[0.76; 0.91]	2.8%
Paque 2019	115	135		0.85	[0.78; 0.91]	2.9%
Lundby 2019	137	159		0.86	[0.80; 0.91]	2.9%
Galazzi 2016	89	100	<u> </u>	0.89	[0.81; 0.94]	2.8%
Cardwell 2019	86	96	· · · ·	0.90	[0.82; 0.95]	2.8%
Edelman 2019	115	124		0.93	[0.87; 0.97]	2.8%
Scott 2019	73	75		0.97	[0.91; 1.00]	2.7%
Van Marum 2016	39	40	+	- 0.98	[0.87; 1.00]	2.4%
Random effects model		1086		0.89	[0.82; 0.94]	27.3%
Heterogeneity: $I^2 = 69\%$ , $\tau^2$	<sup>2</sup> = 0.0194	4, <i>p</i> < 0.01				
A						
Australia	400	004	_	0.70	10 70 0 0 41	0.00/
Kalogianis 2016	183	231		0.79	[0.73; 0.84]	3.0%
Hendrix 2019	118	142		0.83	[0.76; 0.89]	2.9%
Reeve 2019	331	386		0.86	[0.82; 0.89]	3.0%
Cross 2020	44	50		0.88	[0.76; 0.95]	2.5%
Gnjidic 2019	37	42		0.88	[0.74; 0.96]	2.4%
Reeve 2014	68	77		0.88	[0.79; 0.95]	2.7%
Gillespie 2019	121	137		0.88	[0.82; 0.93]	2.9%
Qi 2015	160	180		0.89	[0.83; 0.93]	2.9%
Reeve 2013	92	100		0.92	[0.85; 0.96]	2.8%
Anderson 2020	69	73		0.95	[0.87; 0.98]	2.7%
Random effects model	2	1418		0.88	[0.81; 0.93]	27.6%
Heterogeneity: $I^2 = 53\%$ , $\tau$	2 = 0.0194	4, <i>p</i> = 0.02				
Africa						
Tegegn 2018	258	316		0.82	[0.77; 0.86]	3.0%
Random effects model		316		0.82	[0.56; 0.97]	3.0%
Heterogeneity: not applical	ole					
Random offects model		9350		0.04	[U 8U· U 601	100 00/
Heterogeneity: $l^2 = 0.50/$	2 = 0.010	3333 1 n < 0.01		0.04	[0.00, 0.00]	100.0%
noterogeneity. 7 – 30 /0, 1	- 0.0194	τ, μ < 0.01	0.5 0.6 0.7 0.8 0.9			

#### 2d. Polypharmacy: taking 5 or more regular medications vs no polypharmacy criteria Study Events Total Proportion 95%-CI Weight

No polypharmacy				
Saraswathy 2018	126	257		
ul Haq 2016	113	207		_
Goulding 2020	32	58	•	
Kua 2019	340	502		
Aoki 2019	1006	1483		
Sirois 2017	89	129		
Kalogianis 2016 Tegegn	183	231		
2018	258	316		-
Kua 2020	511	615		
Hendrix 2019	118	142		
Ikeji 2019	16	19		
Paque 2019	115	135		_
Reeve 2019	331	386		
Turner 2018	421	489		
Lundby 2019	137	159		-
Cross 2020	44	50		
Gnjidic 2019	37	42		
Reeve 2014	68	77		-
Reeve 2018	1752	1981		
Qi 2015	160	180		
Galazzi 2016	89	100		
Reeve 2013	92	100		
Whitty 2018	49	53		
Edelman 2019 Martinez	115	124		
2020	28	30		_
Scott 2019	73	75		
Random effects model		7940		<
Heterogeneity: $I^2 = 96\%$ , $\tau^2 =$	0.0178	8, p < 0	.01	
Polypharmacy ≥5 medica	tions			
Frankowski 2019	36	47		
Candela 2019	173	210		
Hao 2018	185	222		_
Schitz 2018	85	100		
Gillespie 2019	121	137		
Cardwell 2019	86	96		
Nusair 2020	323	358		
Na 2017	127	136		

 Van Marum 2016
 39
 40

 Random effects model
 1419

 Heterogeneity:  $I^2 = 69\%, \tau^2 = 0.0178, p < 0.01$ 

**Random effects model** 9359 Heterogeneity:  $I^2 = 95\%$ ,  $\tau^2 = 0.0178$ , p < 0.01

Anderson 2020

.0178, *p* < 0.01 0.5 0.6 0.7 0.8 0.9

73

69

0.49 [0.43; 0.55] 3.0% 0.55 [0.48; 0.62] 3.0% 0.55 [0.42; 0.68] 2.5% 0.68 [0.63; 0.72] 3.1% 0.68 [0.65; 0.70] 3.1% 0.69 [0.60; 0.77] 2.8% 0.79 [0.73; 0.84] 3.0% 0.82 [0.77; 0.86] 3.0% 0.83 [0.80; 0.86] 3.1% 0.83 [0.76; 0.89] 2.9% 0.84 [0.60; 0.97] 1.8% 0.85 [0.78; 0.91] 2.9% 0.86 [0.82; 0.89] 3.0% 0.86 [0.83; 0.89] 3.1% 0.86 [0.80; 0.91] 2.9% 0.88 [0.76; 0.95] 2.5% 0.88 [0.74; 0.96] 2.4% 0.88 [0.79; 0.95] 2.7% 0.88 [0.87; 0.90] 3.1% 0.89 [0.83; 0.93] 2.9% 0.89 [0.81; 0.94] 2.8% 0.92 [0.85; 0.96] 2.8% 0.92 [0.82; 0.98] 2.5% 0.93 [0.87; 0.97] 2.8% 0.93 [0.78; 0.99] 2.2% 0.97 [0.91; 1.00] 2.7% 0.82 [0.78; 0.86] 72.4%

0.77	[0.62; 0.88]	2.4%
0.82	[0.77; 0.87]	3.0%
0.83	[0.78; 0.88]	3.0%
0.85	[0.76; 0.91]	2.8%
0.88	[0.82; 0.93]	2.9%
0.90	[0.82; 0.95]	2.8%
0.90	[0.87; 0.93]	3.0%
0.93	[0.88; 0.97]	2.9%
0.95	[0.87; 0.98]	2.6%
0.98	[0.87; 1.00]	2.3%
0.89	[0.82: 0.94]	27.6%

#### 0.84 [0.81; 0.87] 100.0%

# 2e. Survey administration (self-administered, researcher administered, self-administered with help available) Study Events Total Proportion 95%-CI Weight

Study	Events	Iotal				Proportion	95%-CI	Weight
Not available Saraswathy 2018 Turner 2018 Whitty 2018 Random effects model Heterogeneity: $I^2 = 98\%$ , $\tau^2$	126 421 49 <sup>2</sup> = 0.0184	257 — 489 53 <b>799</b> , p < 0.01	*-		+	0.49 0.86 0.92 0.77	[0.43; 0.55] [0.83; 0.89] [0.82; 0.98] [0.62; 0.89]	3.0% 3.1% 2.5% 8.5%
Self administered with ul Haq 2016 Schitz 2018 Galazzi 2016 Cardwell 2019 Scott 2019 Random effects model Heterogeneity: $I^2 = 96\%$ , $\tau^2$	help avai 113 85 89 86 73 * = 0.0184	lable 207 100 100 96 75 578 , p < 0.01		-		0.55 0.85 0.89 0.90 0.97 0.85	[0.48; 0.62] [0.76; 0.91] [0.81; 0.94] [0.82; 0.95] [0.91; 1.00] [0.74; 0.93]	2.9% 2.8% 2.8% 2.7% 13.9%
Self administered Goulding 2020 Kua 2019 Aoki 2019 Sirois 2017 Kua 2020 Hao 2018 Ikeji 2019 Reeve 2019 Gnjidic 2019 Gillespie 2019 Reeve 2018 Nusair 2020 Edelman 2019 Martinez 2020 Random effects model Heterogeneity: $f^2 = 96\%$ , $\tau^2$	32 340 1006 89 511 185 16 331 37 121 1752 323 115 28	58 - 502 1483 129 615 222 19 386 42 137 1981 358 124 30 6086 p < 0.01		***		0.55 0.68 0.69 0.83 0.83 0.84 0.86 0.88 0.88 0.88 0.88 0.90 0.93 0.93 0.82	[0.42; 0.68] [0.63; 0.72] [0.65; 0.70] [0.60; 0.77] [0.80; 0.86] [0.78; 0.88] [0.60; 0.97] [0.82; 0.89] [0.74; 0.96] [0.82; 0.93] [0.87; 0.90] [0.87; 0.93] [0.87; 0.97] [0.78; 0.99] [0.76; 0.88]	2.5% 3.1% 3.8% 3.1% 3.0% 1.9% 3.0% 2.4% 2.9% 3.1% 3.0% 2.8% 2.2% <b>38.9%</b>
Researcher administer Frankowski 2019 Kalogianis 2016 Tegegn 2018 Candela 2019 Hendrix 2019 Paque 2019 Lundby 2019 Cross 2020 Reeve 2014 Qi 2015 Reeve 2013 Ng 2017 Anderson 2020 Van Marum 2016 Random effects model Heterogeneity: $I^2 = 69\%$ , $\tau^2$	ed 36 183 258 173 118 115 137 44 68 160 92 127 69 39 2 = 0.0184	47 231 316 210 142 135 159 50 77 180 100 136 73 40 <b>1896</b> <i>p</i> < 0.01			┙ ┙ ┙ ┙ ┙ ┙	0.77 0.79 0.82 0.83 0.85 0.86 0.88 0.88 0.88 0.88 0.89 0.92 0.93 0.95 0.98 0.87	[0.62; 0.88] [0.73; 0.84] [0.77; 0.86] [0.77; 0.87] [0.76; 0.89] [0.78; 0.91] [0.76; 0.95] [0.79; 0.95] [0.83; 0.93] [0.85; 0.96] [0.88; 0.97] [0.87; 0.98] [0.87; 1.00] [0.82; 0.92]	2.4% 3.0% 3.0% 2.9% 2.9% 2.9% 2.5% 2.7% 2.8% 2.9% 2.8% 2.9% 2.7% 2.4% 38.7%
<b>Random effects model</b> Heterogeneity: $I^2 = 95\%$ , $\tau^2$	<sup>2</sup> = 0.0184	<b>9359</b> , <i>p</i> < 0.01	0.5 0.	6 0.7	0.8 0.9	0.84	[0.81; 0.88]	100.0%

# 2f. Peer-reviewed status (included journal articles and published theses)

Study	Events	Total		Proportion	95%-CI	Weight
No.4			:			
Not peer-reviewed	100	057		0.40	[0 42: 0 EE]	2.00/
	120	207		0.49	[0.43, 0.55]	3.0%
Coulding 2020	110	207		0.55	[0.46, 0.62]	3.0%
Bogue 2010	3Z 115	- 00 - 125		0.55	[0.42, 0.00]	2.5%
Paque 2019	115	130		0.85	[0.78; 0.91]	2.9%
Lundby 2019	137	159		0.80	[0.80; 0.91]	2.9%
Random effects model		816		0.07	[0.57; 0.77]	14.5%
Heterogeneity: $I^2 = 96\%$ , $\tau^4$	- = 0.013	1, p < 0.	.01			
Peer reviewed						
Kua 2019	340	502		0.68	[0.63; 0.72]	3.2%
Aoki 2019	1006	1483	-	0.68	[0.65; 0.70]	3.2%
Sirois 2017	89	129		0.69	[0.60; 0.77]	2.9%
Frankowski 2019	36	47		0.77	[0.62; 0.88]	2.3%
Kalogianis 2016	183	231		0.79	[0.73; 0.84]	3.0%
Tegegn 2018	258	316		0.82	[0.77; 0.86]	3.1%
Candela 2019	173	210	_ • •	0.82	[0.77; 0.87]	3.0%
Kua 2020	511	615		0.83	[0.80; 0.86]	3.2%
Hendrix 2019	118	142		0.83	[0.76; 0.89]	2.9%
Hao 2018	185	222		0.83	[0.78; 0.88]	3.0%
Ikeji 2019	16	19	i	0.84	[0.60; 0.97]	1.7%
Schitz 2018	85	100	<b>·</b>	0.85	[0.76; 0.91]	2.8%
Reeve 2019	331	386		0.86	[0.82; 0.89]	3.1%
Turner 2018	421	489		0.86	[0.83; 0.89]	3.2%
Cross 2020	44	50		0.88	[0.76; 0.95]	2.4%
Gnjidic 2019	37	42		0.88	[0.74; 0.96]	2.3%
Reeve 2014	68	77		0.88	[0.79; 0.95]	2.6%
Gillespie 2019	121	137	÷	0.88	[0.82; 0.93]	2.9%
Reeve 2018	1752	1981	+	0.88	[0.87; 0.90]	3.2%
Qi 2015	160	180	÷	0.89	[0.83; 0.93]	3.0%
Galazzi 2016	89	100		0.89	[0.81; 0.94]	2.8%
Cardwell 2019	86	96		0.90	[0.82; 0.95]	2.7%
Nusair 2020	323	358		0.90	[0.87; 0.93]	3.1%
Reeve 2013	92	100		0.92	[0.85; 0.96]	2.8%
Whitty 2018	49	53	÷	0.92	[0.82; 0.98]	2.4%
Edelman 2019	115	124		0.93	[0.87; 0.97]	2.8%
Martinez 2020	28	30		0.93	[0.78; 0.99]	2.0%
Ng 2017	127	136		0.93	[0.88; 0.97]	2.9%
Anderson 2020	69	73		0.95	[0.87; 0.98]	2.6%
Scott 2019	73	75		0.97	[0.91; 1.00]	2.6%
Van Marum 2016	39	40		0.98	[0.87; 1.00]	2.2%
Random effects model		8543	$\diamond$	0.86	[0.83; 0.89]	85.7%
Heterogeneity: $I^2 = 93\%$ , $\tau^2$	<sup>2</sup> = 0.013 <sup>2</sup>	1, p < 0.	01			
Pandom affacts model		0350		A 0 A	[0 81. 0 871	100 0%
Heterogeneity: $I^2 = 0.50\%$	2 - 0.012	99999 1 n - 0		0.04	[0.01, 0.07]	100.0%
neterogeneity. 7 – 30%, 1	- 0.013	r, p > 0.				



3a. Funnel plot patients

Double Arcsine Transformed Proportion

# 3b. Funnel plot caregivers



Double Arcsine Transformed Proportion

# 3c. Funnel plot sample size patients



Double Arcsine Transformed Proportion

# 3d. Funnel plot sample size caregivers



Double Arcsine Transformed Proportion

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