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Metodología para incorporar la perspectiva de pacientes y profesionales al diseño de intervenciones para mejorar el uso de los medicamentos

Cuestionarios en deprescripción



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de Atención Primaria de España



Cuestionarios en deprescripción

La validación de un cuestionario

El cuestionario rPATD



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El cuestionario rPATD



Cuestionarios en deprescripción

Herramienta fácil, bajo coste

Gran cantidad de información

Variables que no podemos medir directamente



Comida:		
	10	Independiente. Capaz de comer por sí solo en un tiempo razonable. La comida puede ser cocinada y servida por otra persona
	5	Necesita ayuda para cortar la carne, extender la mantequilla.. pero es capaz de comer sólo/a
	0	Dependiente. Necesita ser alimentado por otra persona
Lavado (baño)		
	5	Independiente. Capaz de lavarse entero, de entrar y salir del baño sin ayuda y de hacerlo sin que una persona supervise
	0	Dependiente. Necesita algún tipo de ayuda o supervisión
Vestido		
	10	Independiente. Capaz de ponerse y quitarse la ropa sin ayuda
	5	Necesita ayuda. Realiza sin ayuda más de la mitad de estas tareas en un tiempo razonable
	0	Dependiente. Necesita ayuda para las mismas
Arreglo		
	5	Independiente. Realiza todas las actividades personales sin ayuda alguna, los complementos necesarios pueden ser provistos por alguna persona
	0	Dependiente. Necesita alguna ayuda
Deposición		
	10	Continente. No presenta episodios de incontinencia
	5	Accidente ocasional. Menos de una vez por semana o necesita ayuda para colocar enemas o supositorios.
	0	Incontinente. Más de un episodio semanal
Micción		
	10	Continente. No presenta episodios. Capaz de utilizar cualquier dispositivo por si solo/a (botella, sonda, orinal ...).
	5	Accidente ocasional. Presenta un máximo de un episodio en 24 horas o requiere ayuda para la manipulación de sondas o de otros dispositivos.
	0	Incontinente. Más de un episodio en 24 horas
Ir al retrete		



Medication Adherence Questionnaire (1986)

MEDICAL CARE
January 1986, Vol. 24, No. 1

Concurrent and Predictive Validity of a Self-reported Measure of Medication Adherence

DONALD E. MORISKY, SCD,* LAWRENCE W. GREEN, DRPH,†
AND DAVID M. LEVINE, MD‡

Adherence to the medical regimen continues to rank as a major clinical problem in the management of patients with essential hypertension, as in other conditions treated with drugs and life-style modification. This article reviews the psychometric properties and tests the concurrent and predictive validity of a structured four-item self-reported adherence measure (alpha reliability = 0.61), which can be easily integrated into the medical visit. Items in the scale address barriers to medication-taking and permit the health care provider to reinforce positive adherence behaviors. Data on patient adherence to the medical regimen



Beliefs about Medicines Questionnaire (1999)

Psychology and Health, 1999, Vol. 14, pp. 1–24
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THE BELIEFS ABOUT MEDICINES QUESTIONNAIRE: THE DEVELOPMENT AND EVALUATION OF A NEW METHOD FOR ASSESSING THE COGNITIVE REPRESENTATION OF MEDICATION

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Living with Medicines Questionnaire (2014)

Int J Clin Pharm (2014) 36:675–678
DOI 10.1007/s11096-014-9970-5

COMMENTARY

Measuring the impact of long-term medicines use from the patient perspective

Janet Krska · Charles W. Morecroft ·
Philip H. Rowe · Helen Poole

Received: 14 November 2013 / Accepted: 4 June 2014 / Published online: 5 July 2014
© Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie 2014

Abstract Polypharmacy is increasing, seemingly inexorably, and inevitably the associated difficulties for individual patients of coping with multiple medicines rise with

Keywords Burden of illness · Medication therapy management · Patient perspective · Polypharmacy · Tool development



Living with Medicines Questionnaire 2 (2017)

Patient Preference and Adherence

Dovepress

open access to scientific and medical research

 Open Access Full Text Article

ORIGINAL RESEARCH

Validation of an instrument to measure patients' experiences of medicine use: the Living with Medicines Questionnaire

This article was published in the following Dove Press journal:

Patient Preference and Adherence

28 March 2017

[Number of times this article has been viewed](#)

Janet Krska
Barbra Katusiime
Sarah A Corlett

Medway School of Pharmacy, The
Universities of Kent and Greenwich,
Chatham Maritime, UK

Background: Medicine-related burden is an increasingly recognized concept, stemming from the rising tide of polypharmacy, which may impact on patient behaviors, including nonadherence. No instruments currently exist which specifically measure medicine-related burden. The Living with Medicines Questionnaire (LMQ) was developed for this purpose.

Objective: This study validated the LMQ in a sample of adults using regular prescription medicines in the UK.

Methods: Questionnaires were distributed in community pharmacies and public places in



Living with Medicines Questionnaire 3 (2018)

Patient Related Outcome Measures

Dovepress

open access to scientific and medical research

 Open Access Full Text Article

ORIGINAL RESEARCH

Development and validation of a revised instrument to measure burden of long-term medicines use: the Living with Medicines Questionnaire version 3

This article was published in the following Dove Press journal:
Patient Related Outcome Measures

Barbra Katusiime
Sarah A Corlett
Janet Krska

Medway School of Pharmacy, The
Universities of Greenwich and Kent,
Chatham Maritime, UK

Objectives: To revise the Living with Medicines Questionnaire version 2 (LMQ-2), which measures the burden of using prescribed medicines, to include cost and expand side effects and social issues.

Methods: New statements were developed and validated through cognitive interviews with medicine users, and these and a global visual analog scale (VAS) were added to the 42-item LMQ-2. Construct validity was assessed through exploratory and confirmatory factor analyses



Patient Perceptions of Deprescribing (2016)

PATIENT-CENTERED CARE

Patient Perceptions of Deprescribing (PPoD) *Survey Development and Psychometric Assessment*

Amy Linsky, MD, MSc, † ‡ Steven R. Simon, MD, MPH,* † ‡
Kelly Stolzmann, MS, † and Mark Meterko, PhD§||*

Background: Although clinicians ultimately decide when to discontinue (deprescribe) medications, patients' perspectives may guide the process.

Objectives: To develop a survey instrument that assesses patients' experience with and attitudes toward deprescribing.

Research Design: We developed a questionnaire with established and newly created items. We used exploratory factor analysis and confirmatory factor analysis (EFA and CFA) to assess the psychometric properties.

Subjects: National sample of 1547 Veterans Affairs patients prescribed ≥ 5 medications.

ping Medicines," and "Unimportance of Medicines." The 5-factor model added "Patient Involvement in Decision-Making." In the CFA, a modified 5-factor model, with 2 items with marginal loadings moved based upon conceptual fit, had a standardized root mean square residual of 0.06, an RMSEA of 0.07, and a CFI of 0.91. The new scales demonstrated internal consistency reliability, with Cronbach α 's of: Concerns, 0.82; Provider Knowledge, 0.86; Interest, 0.77; Involvement, 0.61; and Unimportance, 0.70.

Conclusions: The Patient Perceptions of Deprescribing questionnaire is a novel, multidimensional instrument to measure patients' attitudes and experiences related to medication discontinuation that can be used to determine how to best involve patients in deprescribing decisions.



Cuestionario Perceptions, Attitudes, and Challenges of Physicians Towards Deprescribing (2018)

JAMDA xxx (2018) 1–2



JAMDA

journal homepage: www.jamda.com

Research Letter

Development and Validation of the Perceptions, Attitudes, and Challenges of Physicians Towards Deprescribing (PACPD-12) Questionnaire

An ideal holistic health care model, where an apt, cost-effective and well-timed medicine is available and the patient is fittingly counseled on his or her medications, is still a fantasy to most of the common people in a developing country. Factors like inappropriate medication use, polypharmacy, intentional and nonintentional nonadherence to medications, high drug costs, present barriers to ideal patient care.^{1–4} The complex process of deprescribing is gaining merit as one of the tools that can reduce the incidence of the

attitudes section (9 questions) investigates the willingness of the practitioner to deprescribe medications, apart from analyzing the categories of drugs that are most likely to be deprescribed along with their corresponding reasons. The section on challenges (1 question) aids in identifying the key barriers to deprescribing. In India, the low doctor-to-patient ratio¹⁰ and the lack of a unified public health record leaves the physician clueless as to the indication of medications prescribed by other physicians, thus discouraging deprescribing. The piloting of the first draft of the questionnaire revealed that lack of experience and guidelines on deprescribing were major factors that prevented deprescribing. The section on enablers (2 questions) may help in identifying solutions or key areas of improvement.

Validation of any questionnaire varies with its nature and purpose. The PACPD-12 questionnaire was an exploratory questionnaire with no scoring system. Face validity—verifying if the questionnaire measures what it is intended to measure—was conducted by the expert panel during the development of the questionnaire. Content



<https://bit.ly/37ZGI0g>



Cuestionarios en deprescripción

La validación de un cuestionario

El cuestionario rPATD



La validación de un cuestionario

1. Adaptación transcultural
2. Factibilidad
3. Fiabilidad
4. Validez



La validación de un cuestionario

1. Adaptación transcultural

Traducción directa

Síntesis

Traducción inversa

Consolidación



La validación de un cuestionario

2. Factibilidad

Sencillo

Viabile

Aceptado



La validación de un cuestionario

3. Fiabilidad

- Consistencia interna

Alfa de Cronbach $\geq 0,7$



Nº	Preguntas	Casi Nunca	A veces	Casi Siempre
1	¿Esta satisfecho(a) con la ayuda que recibe de su familiar cuando tiene un problema?	0	1	2
2	¿Conversan entre ustedes los problemas que tienen en casa?	0	1	2
3	¿Las decisiones importantes se toman en conjunto en la casa?	0	1	2
4	¿Está satisfecho (a) con el tiempo que usted y su familia pasan juntos?	0	1	2
5	¿Siente que su familia le quiere?	0	1	2
	PUNTUACIÓN TOTAL			

Alfa de
Cronbach = 0,84



La validación de un cuestionario

3. Fiabilidad

- Consistencia interna

Alfa de Cronbach $\geq 0,7$

- Fiabilidad intraobservador

Kappa de cohen $\geq 0,7$



Tabla 6 Análisis de fiabilidad. Coeficiente kappa de cada ítem y el total

Ítem	Coeficiente kappa	p	IC del 95%	n
p1 Indicación	1,00	<0,005	(1,00-1,00)	102
p2 Posología	0,9625	<0,005	(0,91-1,00)	100
p3 Pauta	0,9906	<0,005	(0,97-1,00)	100
p4 Duración del tratamiento	0,9943	<0,005	(0,98-1,00)	102
p5 Forma de administración	0,9871	<0,005	(0,97-1,00)	102
p6 Precauciones	0,9922	<0,005	(0,98-1,00)	102
p7 Efectos adversos	0,9491	<0,005	(0,90-1,00)	102
p8 Contraindicaciones	0,9656	<0,005	(0,93-1,00)	102
p9 Efectividad	1,00	<0,005	(1,00-1,00)	101
p10 Interacciones	0,9939	<0,005	(0,98-1,00)	102
p11 Conservación	0,9012	<0,005	(0,83-1,00)	102
Conocimiento total	0,9955	<0,005	(0,98-1,00)	97



La validación de un cuestionario

4. Validez

- Validez de contenido

Opinión de expertos



	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
INCOMPLETE EMPTYING Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
FREQUENCY Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
INTERMITTENCY Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
URGENCY Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
WEAK STREAM Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
STRAINING Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	Once	Twice	3 times	4 times	≥5 times	Your score
NOCTURIA Over the past month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
Total IPSS score							



La validación de un cuestionario

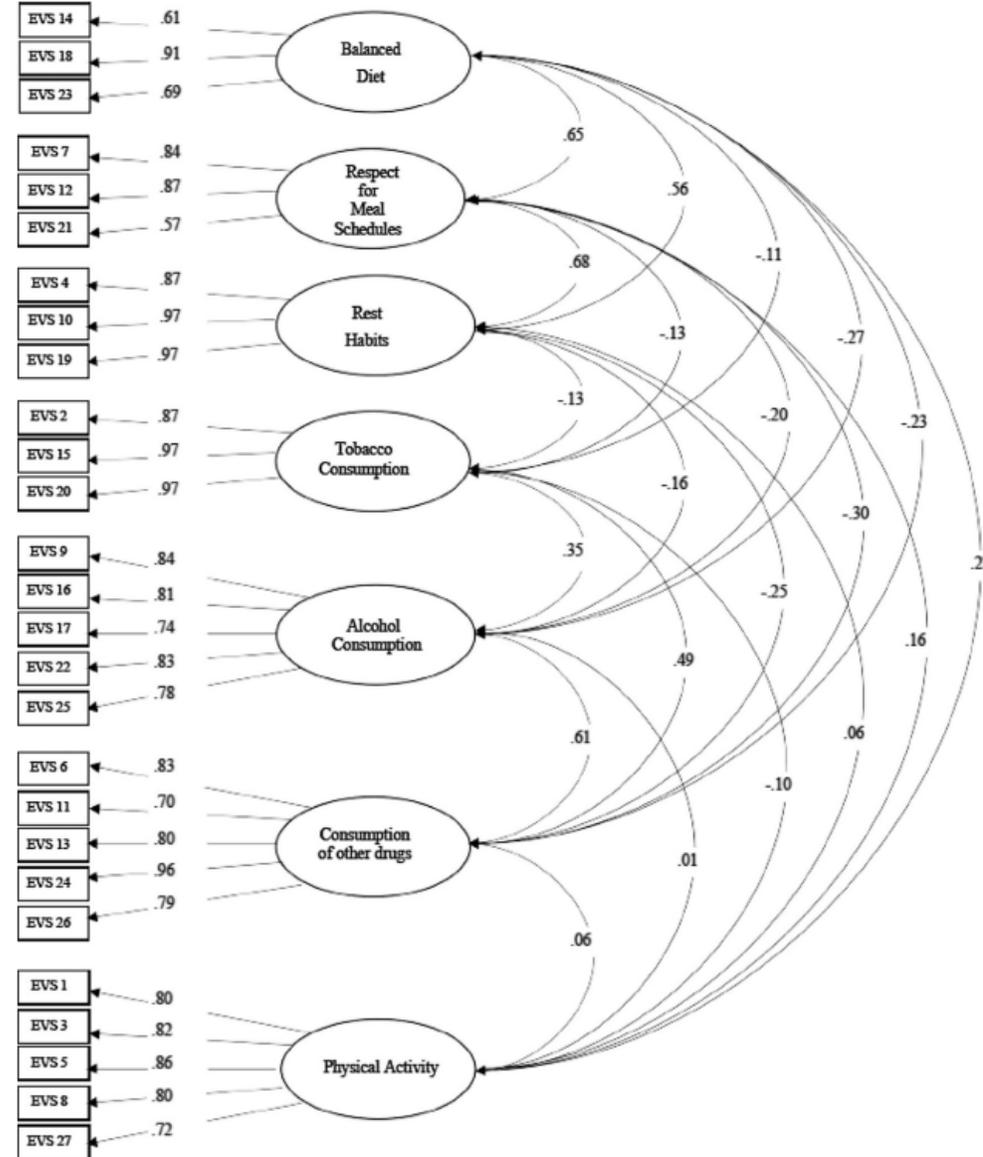
4. Validez

- Validez de contenido

Opinión de expertos

- Validez de constructo

Análisis factorial exploratorio/confirmatorio





La validación de un cuestionario

4. Validez

- Validez de contenido

Opinión de expertos

- Validez de constructo

Análisis factorial exploratorio/confirmatorio

- Validez de criterio

Correlación con otro instrumento validado



The screenshot shows the homepage of the EQ-5D website. At the top, there is a navigation bar with links for EuroQol, Contact, EQ Member Log in, and an EQ-5D on Twitter icon. Below this is a main header with the EQ-5D logo and a navigation menu including EUROQOL INSTRUMENTS, RESEARCH, PUBLICATIONS, NEWS, and SUPPORT. A large banner features a blue background with a grid pattern and a globe. The main content area is divided into two columns. The left column has a section titled "EuroQol response to the invasion of Ukraine" with a sub-header and a paragraph. The right column has a section titled "Upcoming Webinar:" with the date "20 June 2022, 13:00 CEST" and the title "INTRODUCTION TO EQ-5D-5L VALUE SETS AND GUIDANCE TO USERS", followed by "Register here" and "More webinars >". Below the banner is a dark blue bar with the text "EQ-5D, HELPING THE WORLD MAKE BETTER HEALTH DECISIONS™". At the bottom, there is a section titled "EUROQOL INSTRUMENTS" with three columns for EQ-5D-3L, EQ-5D-5L, and EQ-5D-Y. Each column lists "About", "Available Modes of Administration", "Valuation", and "Sample/Demo".

EuroQol Contact EQ Member Log in EQ-5D on Twitter

EQ-5D EUROQOL INSTRUMENTS RESEARCH PUBLICATIONS NEWS SUPPORT

Upcoming Webinar:
20 June 2022, 13:00 CEST

INTRODUCTION TO EQ-5D-5L VALUE SETS AND GUIDANCE TO USERS

Register here

More webinars >

EuroQol response to the invasion of Ukraine

The EuroQol Group Association and the EuroQol Research Foundation are not-for-profit scientific organisations focused on promoting the measurement of health to improve decisions about health...

EQ-5D, HELPING THE WORLD MAKE BETTER HEALTH DECISIONS™.

EUROQOL INSTRUMENTS

EQ-5D-3L	EQ-5D-5L	EQ-5D-Y
About EQ-5D-3L	About EQ-5D-5L	About EQ-5D-Y
Available Modes of Administration	Available Modes of Administration	Available Modes of Administration
Valuation	Valuation	Valuation
Sample/Demo	Sample/Demo	Sample/Demo





Marque con una cruz como esta la afirmación en cada sección que describa mejor su estado de salud en el día de hoy.

Movilidad

- No tengo problemas para caminar
- Tengo algunos problemas para caminar
- Tengo que estar en la cama

Cuidado-Personal

- No tengo problemas con el cuidado personal
- Tengo algunos problemas para lavarme o vestirme solo
- Soy incapaz de lavarme o vestirme solo

Actividades de Todos los Días (ej, trabajar, estudiar, hacer tareas domésticas, actividades familiares o realizadas durante el tiempo libre)

- No tengo problemas para realizar mis actividades de todos los días
- Tengo algunos problemas para realizar mis actividades de todos los días
- Soy incapaz de realizar mis actividades de todos los días

Dolor/Malestar

- No tengo dolor ni malestar
- Tengo moderado dolor o malestar
- Tengo mucho dolor o malestar

Ansiedad/Depresión

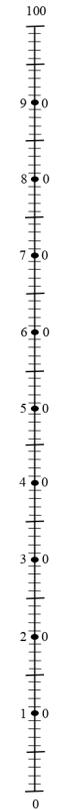
- No estoy ansioso/a ni deprimido/a
- Estoy moderadamente ansioso/a o deprimido/a
- Estoy muy ansioso/a o deprimido/a

Para ayudar a la gente a describir lo bueno o malo que es su estado de salud, hemos dibujado una escala parecida a un termómetro en el cual se marca con un 100 el mejor estado de salud que pueda imaginarse, y con un 0 el peor estado de salud que pueda imaginarse.

Por favor, dibuje una línea desde el cuadro que dice “su estado de salud hoy,” hasta el punto en la escala que, en su opinión, indique lo bueno o malo que es su estado de salud en el día de hoy.

Su estado de salud hoy

Mejor estado de salud imaginable



Peor estado de salud imaginable



Cuestionarios en deprescripción

La validación de un cuestionario

El cuestionario rPATD



Investigation into the beliefs of older adults about medicines

There are no right or wrong answers, please tick the box to indicate how strongly you agree with each of the following statements. If there are any questions that you cannot answer, or feel that it doesn't apply to you, please skip it and move to the next question.

For the questions that ask about your doctor, please think of the doctor that prescribes the most (if not all) of your medicines.

	strongly agree	agree	unsure	disagree	strongly disagree
Overall, I am satisfied with my current medicines					
I like to be involved in making decisions about my medicines with my doctors					
I have a good understanding of the reasons I was prescribed each of my medicines					
I like to know as much as possible about my medicines					
I always ask my doctor, pharmacist or other health care professional if there is something I don't understand about my medicines					
I know exactly what medicines I am currently taking, and/or I keep an up to date list of my medicines					
If my doctor said it was possible I would be willing to stop one or more of my regular medicines					
I feel that I am taking a large number of medicines					
Taking my medicines every day is very inconvenient					
I spend a lot of money on my medicines					

	strongly agree	agree	unsure	disagree	strongly disagree
Sometimes I think I take too many medicines					
I feel that my medicines are a burden to me					
I would like to try stopping one of my medicines to see how I feel without it					
I would like my doctor to reduce the dose of one or more of my medicines					
I feel that I may be taking one or more medicines that I no longer need					
I believe one or more of my medicines may be currently giving me side effects					
I think one or more of my medicines may not be working					
I have had a bad experience when stopping a medicine before					
I would be reluctant to stop a medicine that I had been taking for a long time					
If one of my medicines was stopped I would be worried about missing out on future benefits					
I get stressed whenever changes are made to my medicines					
If my doctor recommended stopping a medicine I would feel that he/she was giving up on me					

Thank you for completing the questionnaire.

The final publication is available at Springer via <http://dx.doi.org/10.1007/s40266-016-0410-1>



Open access

Original research

BMJ Open Cross-cultural adaptation and psychometric validation of a Spanish version of the revised Patients' Attitudes Towards Deprescribing (rPATD) questionnaire

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Alba González-Hevilla,^{1,4} Clara Sánchez-Sánchez,⁶ Antonio J García-Ruiz,¹
Enrique Gavilán-Moral^{2,7}

To cite: de Juan-Roldán JI, Castillo-Jimena M, González-Hevilla A, *et al.* Cross-cultural adaptation and psychometric validation of a Spanish version of the revised Patients' Attitudes Towards Deprescribing (rPATD) questionnaire. *BMJ Open* 2022;**12**:e050678. doi:10.1136/bmjopen-2021-050678

► Prepublication history and additional supplemental material

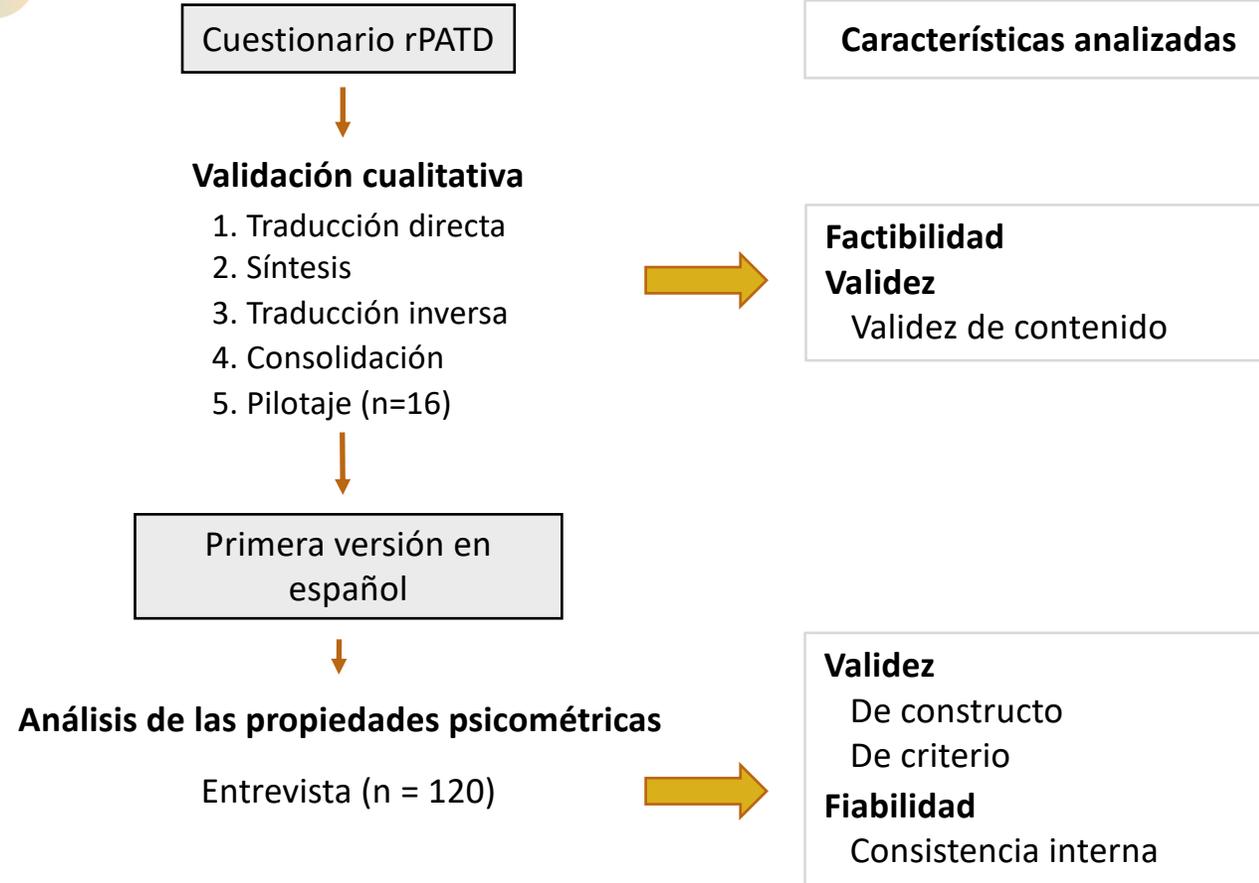
ABSTRACT

Objectives Successful deprescribing depends largely on factors related to the patient. The revised Patients' Attitudes Towards Deprescribing (rPATD) questionnaire was developed with the objective of evaluating the beliefs and attitudes of older adults and caregivers towards deprescribing. The present study was designed to validate a Spanish version of the rPATD questionnaire, both the versions for older adults and for caregivers, through a qualitative validation phase and the analysis of its psychometric properties.

Strengths and limitations of this study

- In this study, we followed the principles of good practices of the International Society for Pharmacoeconomics and Outcomes Research for translation and cultural adaptation of questionnaires.
- All data used in this study were self-reported from subjects from primary care setting, which may increase this questionnaire's external validity.
- The sample for the analysis of psychometric properties size was small, which may be considered a

BMJ Open: first published as 10.1136/bmjopen-2021-050678 on 21 April 2022. Downloaded from https://www.bmjopen.com/ on 21 April 2022.



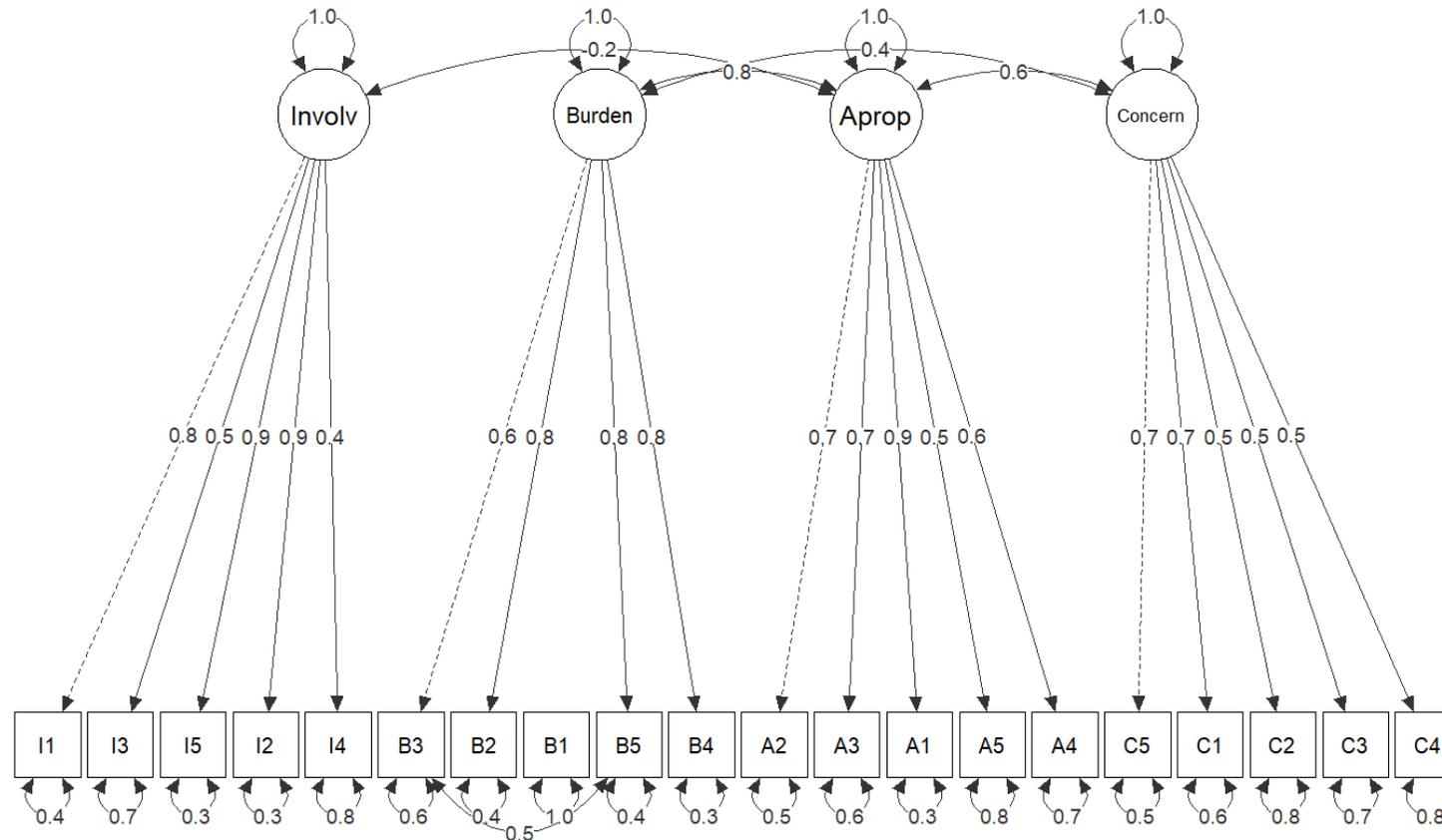


Figure 2 Factor structure model and estimated value of the standardised loadings of the older adults's version of the revised Patients' Attitudes Towards Deprescribing questionnaire. The dashed lines indicate the first item of each factor, whose loading was set to 1 in the initial model. Involv, *Involvement* factor; Burden, *Burden* factor; Apropr, *Appropriateness* factor; Concern, *Concerns about stopping* factor.



Table 2 Model fit indices for older adults' and caregivers' versions

	RMSEA	SRMR	NFI	CFI	IFI
Older adults' version (n=6.0)	0.031	0.089	0.647	0.911	0.915
Caregivers' version (n=60)	0.031	0.085	0.741	0.938	0.928

The established thresholds for the model fit indices were established following Kline.³⁵

RMSEA: Root Mean Square Error of Approximation.

SRMR: Standardized Root Mean Square Residual.

NFI: Normed Fit Index.

CFI: Comparative Fit Index.

IFI: Incremental Fit Index.

IFI, Incremental Fit Index. Values ≥ 0.90 are considered good.



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Table 4 Results of the criterion validity analysis

BMQ Specific- Concerns Score†	Burden score*		Appropriateness score*		Concerns about stopping score*	
	Older adults	Caregivers	Older adults	Caregivers	Older adults	Caregivers
	G=0.255 p=0.003	G=0.329 p<0.001	G=-0.373 p<0.001	G=-0.428 p<0.001	G=0.129 p=0.189	G=0.405 p<0.001

*Older adults n=60, caregivers n=60.

†Gamma rank correlation.

BMQ, Beliefs about Medicines Questionnaire;



Table 3 Results of internal consistency and test-retest reliability of the Spanish version of the revised Patients' Attitudes Towards Describing questionnaire

	Test-retest reliability†§	
	Older adults' version	Caregivers' version
Involvement factor, Cronbach's alfa=0.733/0.721 (older adults/caregivers)*	0.642	0.864
I1 (good understanding)	0.464	†
I2 (know current medicines)	0.438	0.592
I3 (know as much as possible)	0.587	0.818
I4 (involved in decisions)	0.440	0.760
I5 (always ask if I don't understand)	0.412	0.773
Burden factor, Cronbach's alfa=0.722/0.776 (older adults/caregivers)*	0.791	0.987
B1 (money/expensive medicines)	0.773	0.761
B2 (inconvenient)	0.769	†
B3 (large number of medicines)	0.609	0.913
B4 (burden)	0.822	0.762
B5 (too many medicines)	0.582	0.873

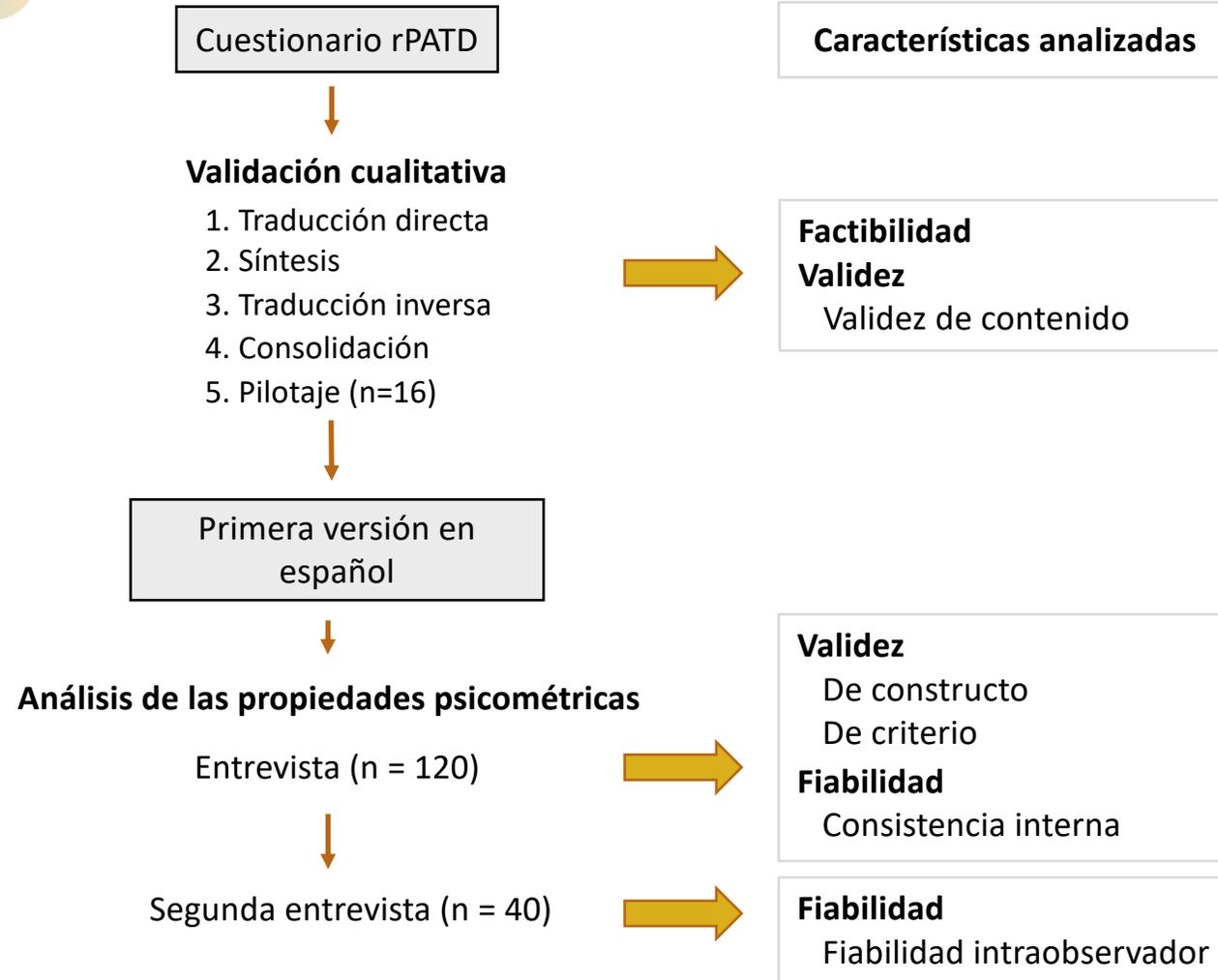
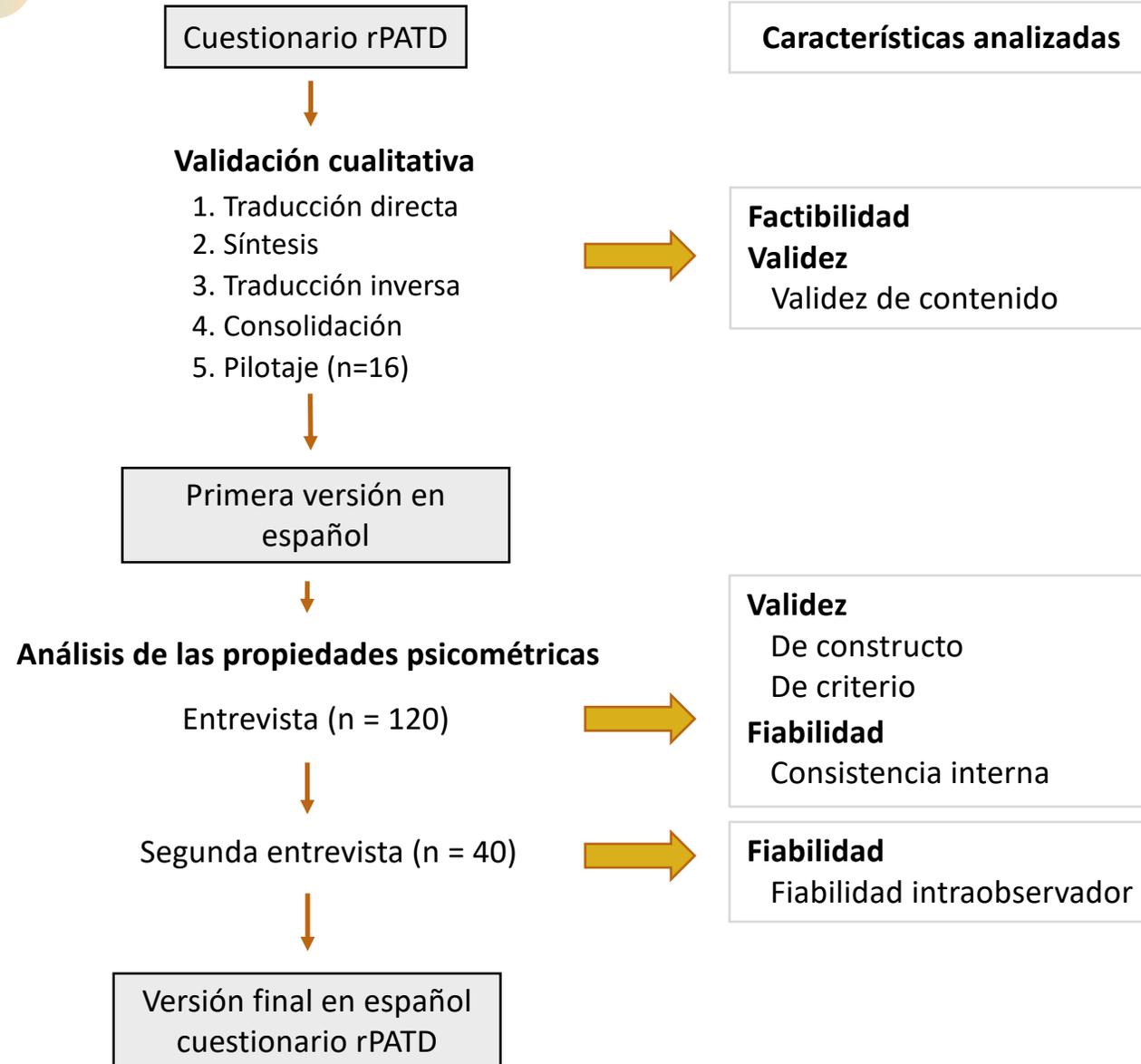




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B5 (too many medicines)	0.582	0.873





Actitudes de los pacientes hacia la deprescripción (cuestionario rPATD). Versión en castellano

Este cuestionario no tiene respuestas correctas ni incorrectas. Por favor, marque la casilla con una cruz X para indicar hasta qué punto está de acuerdo con cada una de las siguientes afirmaciones. Si hay alguna pregunta a la que no puede responder o cree que no es su caso, por favor, sáltesela y pase a la siguiente pregunta.

En el caso de las preguntas que hagan referencia a su médico/a, piense en el médico/a que le receta la mayoría de sus medicamentos.

	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo
1. En general, estoy satisfecho/a con los medicamentos que tomo actualmente.					
2. Me gusta que mi médico/a me tenga en cuenta a la hora de tomar decisiones sobre mis medicamentos.					
3. Entiendo bien las razones por las que me han recetado cada uno de mis medicamentos.					
4. Me gusta saber todo lo posible sobre los medicamentos que estoy tomando.					
5. Si hay algo que no entiendo sobre mis medicamentos, siempre pregunto a mi médico/a, al farmacéutico/a o a otro profesional sanitario.					
6. Sé exactamente qué medicamentos estoy tomando en la actualidad o tengo una lista actualizada de mis medicamentos.					
7. Si mi médico/a dijera que es posible, estaría dispuesto a dejar de tomar uno o más de mis medicamentos habituales.					
8. Creo que estoy tomando muchos medicamentos.					
9. Es muy molesto tomarme mis medicamentos todos los días.					



	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo
10. Gasto mucho dinero en mis medicamentos.					
11. A veces creo que tomo demasiados medicamentos.					
12. Creo que mis medicamentos son una carga para mí.					
13. Me gustaría dejar de tomar uno de mis medicamentos para ver cómo me siento sin él.					
14. Me gustaría que mi médico/a me bajara la dosis de uno o más de mis medicamentos.					
15. Creo que ya no necesito uno o más de los medicamentos que estoy tomando.					
16. Creo que uno o más de mis medicamentos me pueden estar causando efectos secundarios en la actualidad.					
17. Creo que uno o más de mis medicamentos podrían no estar haciéndome efecto.					
18. He tenido una mala experiencia anteriormente al dejar de tomar un medicamento.					
19. Me negaría a dejar de tomar uno de los medicamentos que llevo tomando mucho tiempo.					
20. Si dejara de tomar uno de mis medicamentos, me preocuparía perderme el beneficio que podría obtener de él en el futuro.					
21. Me agobia cada vez que hay un cambio en mis medicamentos.					
22. Si mi médico/a me recomendara dejar uno de los medicamentos que tomo, sentiría como si nos estuviéramos rindiendo.					

Muchas gracias por completar el cuestionario.



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Beliefs and attitudes about deprescription in older HIV-infected patients: ICARD Project

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ABSTRACT

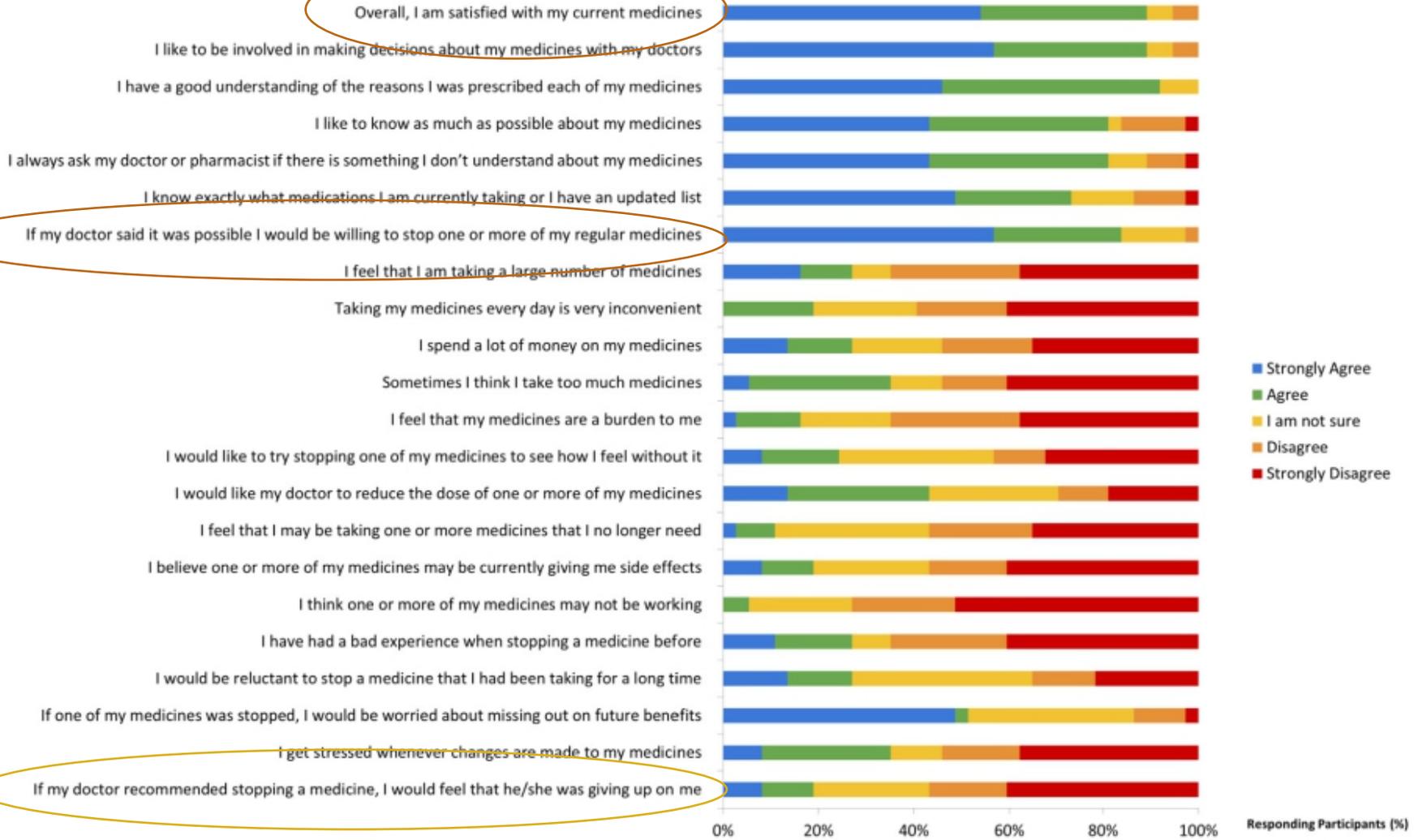
Objectives. HIV population is aging at an earlier age than

in order to establish effective and successful deprescription strategies.

KEYWORDS: older HIV; beliefs; attitudes; deprescription



Questions from the revised Patients' Attitudes Towards Deprescribing (r-PATD) questionnaire





Muchas gracias

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