## An exploration of GP perspectives on deprescribing antidepressants: a qualitative study

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## Abstract

Background: An understanding of deprescribing processes in primary care is an important step in designing policy initiatives and healthcare systems to optimise appropriate antidepressant discontinuation. Aim: To explore GPs perceptions and experiences of discontinuing antidepressants. Design and setting: Following ethical approval, a qualitative study was undertaken with GPs affiliated with a University education and research network for general practice in Ireland. Method: Semi-structured interviews undertaken with a purposive sample of GPs (n=10) between July 2019 and March 2020, were transcribed and analysed using Braun and Clarkes (2013) thematic analysis framework. Results: Five themes emerged: Clinical dilemmas; personalised therapy; medication tapering toolkit; talk therapy and concerns around tapering. GPs described being less likely to engage in deprescribing in those with recurrent depression, older patients and those with comorbidities. Fear associated with patient relapse was described by all participants. GPs felt limited access to psychological services impacted on care and that prompts to review might facilitate deprescribing. Conclusions: GPs are confident in their role of managing mild to moderate depression in the community and deprescribing antidepressants. This study provides an insight into factors that influence GPs decisions to deprescribe antidepressants and the barriers and facilitators for GPs in this role.

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