Qeios

Peer Review

Review of: "The Process of Polypharmacy Management in Older Adults: A Grounded Theory"

Christopher Threapleton[1]

1. Clinical Pharmacology, School of Health & Medical Sciences, St George's, University of London, London, United Kingdom

Dear authors

This is a nice piece of work, with clear methods, results, and a conclusion. I hope these suggestions are helpful.

Title

Suggest making it more explicit that this is the patients' perspective - to me, 'polypharmacy management' means management by healthcare professionals rather than patients. Perhaps 'The Process of Self-Management of Polypharmacy by Older Adults: A Grounded Theory'

Introduction and aim

Again, it is not clear that this paper is focusing on the patient's perspectives. The first four paragraphs are focused on the general impacts of polypharmacy, and only by the fifth paragraph do you mention the patient perspective. I would encourage you to reduce the content of the previous paragraphs and bring this patient perspective in much earlier, making reference to some of the issues you identify later.

For example, prior to seeing the results of this study, we would already know that patients need to navigate the (often complex) health system - is there any research into the impact of this on patients' ability to self-manage their medicines? Is there research into the impact of carer support? In Table 1, you show the patients' marital status - perhaps a proxy for informal care or support that patients experience; how does this impact their ability to self-manage their medicines?

I would also like more justification for this study. Why is it important that you did it? Is it because there is a lack of research into the patient perspective? Or are you looking at it from a different angle from previous research? Or is it specifically the Italian context you are interested in (as you state in your aim)?

doi.org/10.32388/LTZKQU

Suggest referencing some existing research into patient perspectives and explaining why your research is different. For example, if the Italian context is particularly important, are there other contexts where this research already exists, and could you briefly mention some differences in demographics, culture, healthcare systems, etc., that might impact the results of research in other countries compared to Italy?

Method

Well written and clear.

What is your justification for using grounded theory as opposed to a deductive approach? Presumably, there was no theory in the literature that was relevant to your research question? Briefly mention your rationale.

Expand a little on the statement "To enhance credibility, findings were shared and discussed with three of the interviewed participants." Could you give a brief overview of this in the results section? What did these discussions entail, and what came of them? Did the patients broadly agree or disagree? Did you hone your model in any way as a result?

What was your sampling method? E.g., was it purposive, inclusive, convenience? Did you make any attempt to reach specific demographics (e.g., age, sex, ethnicity, etc.)?

Results

You have listed sex, marital status, number of medications, and number of medical conditions, but I didn't see much mention of these in the results. Patients might not have mentioned these, but do you think these impact the results? Perhaps this could be discussed in the limitations - further research could look at the impact of these factors on patient perspectives.

Section 4.1, first sentence: I am not sure what "home concerns" are. Do you mean main or principal concerns?

Section 4.6

I would like some more detail on the development of your model in Fig 1. What evidence do you have that your components flow from one to another as you have stated? How is this supported by your data?

Table 2

I like this table - clear how you have developed your initial codes into focused codes and your theoretical codes. Two theoretical codes are vertically centre aligned (Having knowledge and monitoring skills and Interpreting symptoms and modifying therapy), which makes it hard to see which focused codes these refer to. Suggest making them all vertically top aligned.

Discussion

Again, you mentioned the Italian context here. Is this context important? You have not mentioned it anywhere except for here and in the aim, so I suspect the Italian context is not particularly important?

You have given a good overview of the categories here, described the mechanisms (e.g., how caregivers can support strategies to manage and take medications), and linked to some existing research. I would like to see more comparisons with existing research, though. What new information did you find that wasn't present in other studies? You have mentioned a couple of times that existing research supports your model. Does anything contradict it? Is there any tension between your research and other research?

5.2 Limits

This section would normally be called Limitations, and I suggest you change it to Strengths and Limitations—surely there are lots of strengths to this research as well as limitations! As I mentioned above, I would have liked to have seen some exploration of your demographic factors on the patients' responses. I also wonder whether your research is biased towards patients who can speak Italian (I presume interviews were conducted in Italian), patients who are empowered to speak about their medicines (i.e., perhaps more educated, confident, higher socio-economic status, etc.).

Overall

This was a really interesting paper to read, and I commend you on your skilled approach to developing a grounded theory. My comments are largely to improve the framing of the study rather than significant methodological issues. Good luck with this publication and your future research!

Declarations

Potential competing interests: No potential competing interests to declare.