

## The Process Axis of the Notte Dolce Project

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### BACKGROUND

The **Notte Dolce** project emerged in March 2022 from exploring the primary concerns expressed by 24 hospitalized older patients. Two clinical pharmacists<sup>#</sup> used OMAGE cards<sup>1</sup> with a therapeutic education posture and open questions to bring them out :

- Sleep disorders and chronic insomnia
- Overprescription of benzodiazepines and hypnotic-sedatives drugs (BHS)

These issues ranked among **top-5 priorities** reported by inpatients.

Despite consistent international guidelines recommending avoidance of BHS for the management of sleep disorders in older adults, their prevalence remains high, highlighting multiple challenges associated with deprescribing.

Indeed, BHS deprescribing represents one of the most complex cases of medication withdrawal. Consequently, optimizing BHS management in sleep disorders was defined as a key institutional priority.

Aim:

1. To identify barriers and facilitators to BHS deprescribing
2. To develop actionable levers to structure the project's **Process Axis**



### METHODS

#### 1. EXPLORATION

May-September 2023:  
Prospective mixed-methods analysis<sup>2</sup> in the Department of Rehabilitation and Geriatrics (DRG)  
Qualitative part: deductive and intuitive analysis of semi-structured individual interviews (based on Implementation Science)<sup>3-4</sup>

Conducted with 6 stakeholders:



junior physicians, senior physicians, nurses, clinical pharmacists, patients with and without BHS

#### 2. SURVEY

Based on these findings: follow-up survey (Microsoft Forms, April-May 2025) distributed to General Practitioners (GP) and DRG hospital physicians (MDRG), to assess perceptions of :

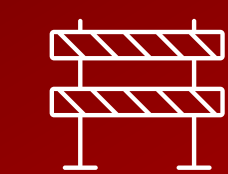
- Who should initiate deprescribing
- Information transfer and
- Hospital-community collaboration



### RESULTS: CHALLENGES & SURVEYS INSIGHTS

#### 1. QUALITATIVE RESULTS

n = 25 interviews



#### BARRIERS

1. Perceived low legitimacy of hospital teams to deprescribe compared to GPs
2. Difficulties in contacting GPs
3. Low competence in managing these medications and their deprescription

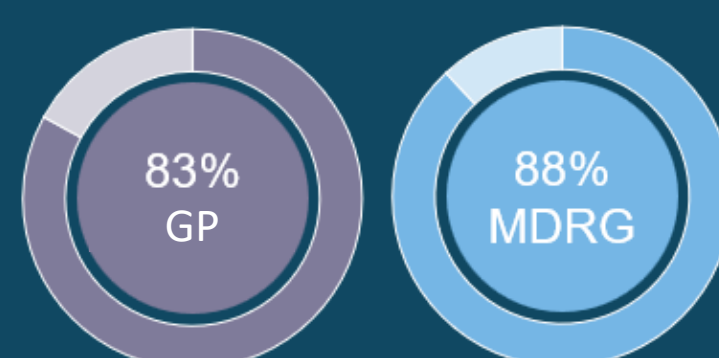


#### FACILITATORS

1. Good knowledge of the BSH's risks
2. Interprofessional collaboration
3. Institutional consensus supported by senior clinicians
4. The rehabilitation setting
5. Therapeutic Patient Education (TPE)

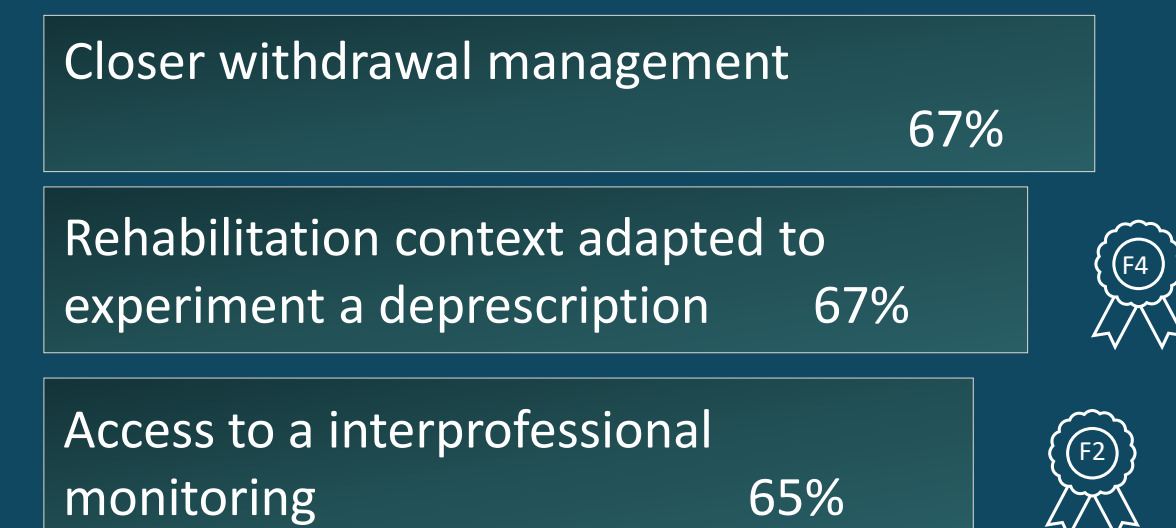
#### 2. SURVEY: KEY DATA HIGHLIGHTS

n = 52 GPs, 8 MDRG



Believe deprescribing can be initiated both in hospital and community care

GPs place great importance on hospital-initiated deprescribing because of:



Discussion (Hürlimann *et al*<sup>5</sup>): GPs consider a facilitator an initiation of deprescription in hospital

(i) Barrier 1: Low legitimacy false belief

#### (ii) Bidirectionnal communication

50% of GPs report insufficient information regarding hospital-initiated deprescribing

Barrier 2: communication

#### Preferred communication channels of GPs:

85% in the discharge letter 48% with phone contact

#### (iii) Bidirectionnal collaboration

A standardized deprescribing pathway co-signed by patients and prescribers is supported by 66% of GPs and 38% of MDRG

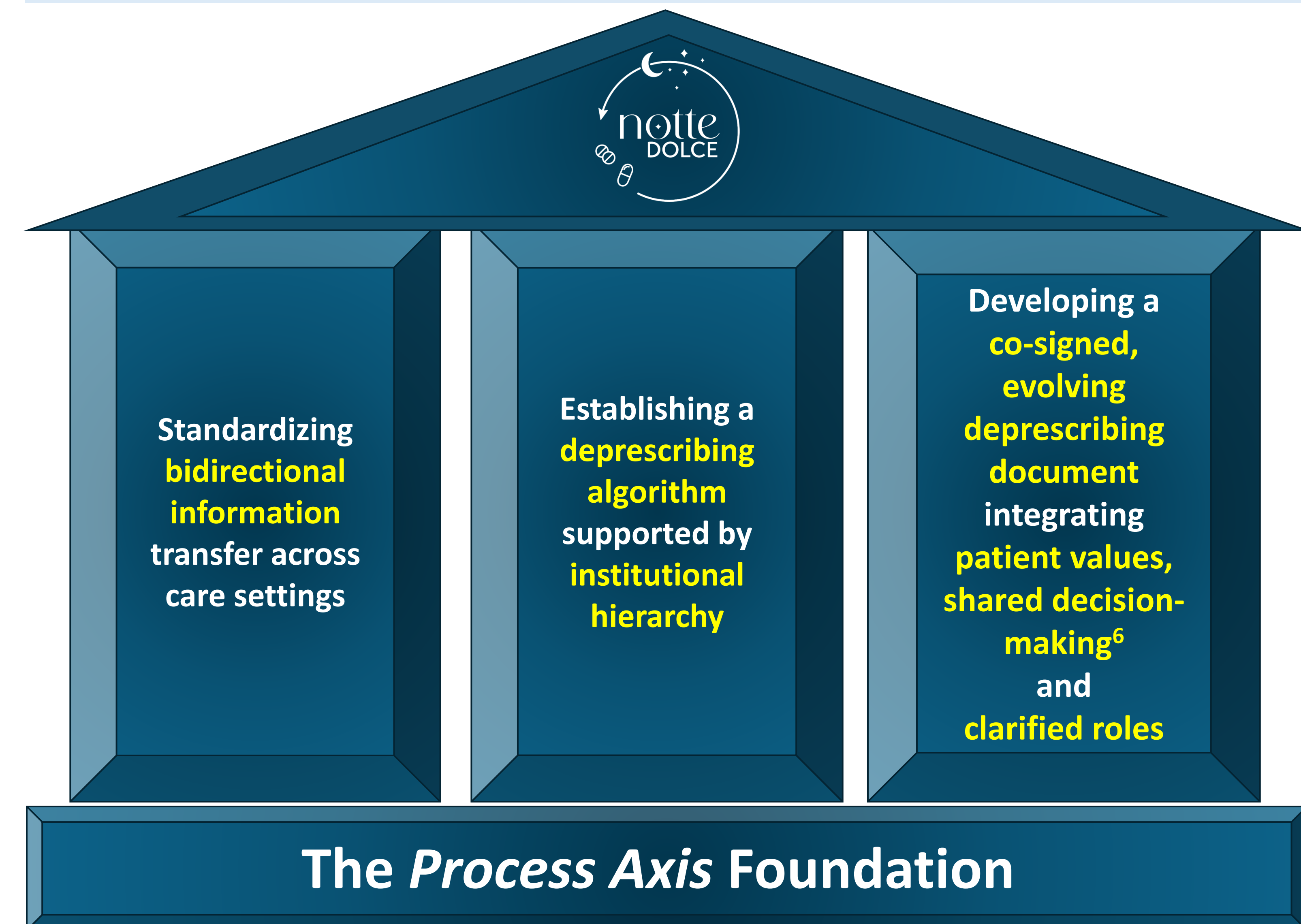
#### Interprofessionality & TPE

TPE: Approve interprofessional patient support including **Therapeutic Patient Education**



### CONCLUSION

Both hospital and community physicians expressed a sense of shared responsibility for deprescribing continuity. Three pillars structurally define the Process Axis and will be developed:



### FUTURE DIRECTION



#### The Patient Axis

to sustain patient motivation through interprofessional 5-dimensions TPE<sup>7</sup> program



#### The Training Axis

to increase skills in deprescribing management with an innovative teaching for physicians and nurses

#### References

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