Distribution of Participants by Medical Specialty and Competence in Geriatrics

Table 1: Distribution of Participants by Medical Specialty and Competence in Geriatrics

Medical Specialty	Physicians by Medical Specialty	Physicians with Competence in Geriatrics
	n (%)	n (%)
General Practice/Family Medicine	145 (34.1)	26 (45.6)
Internal Medicine	69 (16.2)	14 (24.6)
Specialty Trainee	27 (6.4)	3 (5.3)
Psychiatry	21 (4.9)	2 (3.5)
Physical and Rehabilitation Medicine	18 (4.2)	1 (1.8)
Rheumatology	16 (3.8)	
Ginecology/Obstetrics	13 (3.1)	
Anesthesiology	11 (2.6)	2 (3.5)
Neurology	10 (2.4)	2 (3.5)
General Surgery	8 (1.9)	1 (1.8)
Cardiology	7 (1.6)	
Occupational Medicine	7 (1.6)	
Pediatrics	7 (1.6)	
Pneumology	7 (1.6)	
Orthopedics	6 (1.4)	1 (1.8)
Medical Oncology	5 (1.2)	
Infectious Diseases	4 (0.9)	
Clinical Hematology	4 (0.9)	1 (1.8)
Nephrology	4 (0.9)	
Otolaryngology	4 (0.9)	
Intensive Care Medicine	3 (0.7)	
Endocrinology and Nutrition	3 (0.7)	
Dermatology and Venereology	3 (0.7)	
Radiation Oncology	3 (0.7)	1 (1.8)
Public Health	3 (0.7)	
Vascular Surgery	2 (0.5)	
Pathology	2 (0.5)	
Clinical Immunology and Allergology	2 (0.5)	
Ophthalmology	2 (0.5)	
Urology	2 (0.5)	
Clinical Pharmacology	2 (0.5)	1 (1.8)
Stomatology	1 (0.2)	
Cardiothoracic Surgery	1 (0.2)	1 (1.8)
Radiology	1 (0.2)	1 (1.8)
Immunohemotherapy	1 (0.2)	
Plastic and Reconstructive Surgery	1 (0.2)	
Total	425 (100)	57 (13.4)

Associations of Physicians' Sex with Years of Medical Experience, Competence in Geriatrics, Deprescribing Awareness, Deprescribing Training, Deprescribing Benefit, and Deprescribing Clinical Practices

Table 2: Associations of Physicians' Sex with Years of Medical Experience, Competence in Geriatrics, Deprescribing Awareness, Deprescribing Training, Deprescribing Benefit, and Deprescribing Clinical Practices

Years of experience since medical graduation **(N=418)**	**Female**	**Male**	***P*** **value**
median, IQR	16 (8–32)	32 (15–43.5)	**<0.001**[a] (U=13606.000, Z=-5.895)
Years of medical graduation **by decades (N=417)**			
1970-1979	25 (9.7) [d]	40 (24.8) [d]	**0.007**[b] (χ2 (5) =15.955, V= 0.196)
1980-1989	35 (13.6) [d]	39 (24.2) [d]	**< 0.001**[c] (χ2 (5) =33.838, V= 0.285)
1990-1999	33 (12.8)	20 (12.4)	
2000-2009	55 (21.4)	26 (16.1)	
2010-2019	101 (39.3) [d]	58 (25.4) [d]	
2020	8 (3.1)	34 (21.1)	
Competence in Geriatrics **(N= 417)**	n, %	n, %	
Yes	25 (9.7)	32 (19.9)	**0.003**[c] (χ2 (1) =8.656, V= 0.144)
No	232 (90.3)	129 (80.1)	
Are you familiar with the term 'deprescribing'? **(N= 418)**	n, %	n, %	
Yes	219 (85.2)	122 (75.8)	**0.015**[c] (χ2 (1) =5.867, V= 0.118)
No	38 (14.8)	39 (24.2)	
Do you have training in deprescribing?? **(n=417)**	n, %	n, %	
Yes	121 (52.7)	68 (42.2)	0.315[c] (χ2 (1) =1.009, V=0.049)
No	135 (38.6)	206 (57.2)	
Do you agree that deprescribing is beneficial in older patients when indicated? **(N= 369)**	n, %	n, %	
Disagree	0	4 (2.8)	**0.022**[b] (χ2 (1) =6.391, V= 0.132)
Agree	226 (100)	139 (97.2)	
In your daily clinical practice, do you deprescribe medications in patients when indicated? **(N=367)**	n, %	n, %	
Yes	210 (92.9)	128 (90.8)	0.460[c] (χ2 (1) =0.547, V=0.039)
No	16 (7.1)	13 (9.2)	
Do you have a specific methodology for deprescribing medications**? (N=367)**	n, %	n, %	
yes	85 (37.6)	62 (44)	**0.226**[c] (χ2 (1) =1.463 V= 0.063)
no	141(62.4)	79 (56)	
What criteria do you use to identify PIMs? **(N= 370)**	n, %	n, %	
No specific criteria to identify PIM´s	125 (55.3)	102 (70.8)	**0.003**[c] (χ2 (1) =8.939, V= 0.155)
STOPP-START criteria	75 (33.2)	28 (19.4)	**0.004**[c] (χ2 (1) =8.268, V= 0.149)
Beers Criteria (American Geriatric Society)	64 (28.3)	29 (20.1)	0.077[c] (χ2 (1) =3.127, V=0.092)

IQR, Interquartile Range; PIM, Potentially Inappropriate Medication; V, Cramer´s V.
a) Mann Whitney test; b) Fisher exact test, c) Chi-Square test, and all cells have an expected count greater than 5; d) Cells with statistical significance after post-hoc analysis of contingency tables, considering adjusted residuals and using 1.96 as the critical Z-value. e) includes physicians working solely in NHS hospitals and those practicing in both NHS hospitals and the private sector.