

“Is an **AI** any worse than a bad practitioner?”

(Participant living with dementia)

People living with dementia and their carers viewed AI as a way of enabling more personalised and empathetic medication reviews.

Attitudes of People Living with Dementia and their Carers Towards the Use of Generative AI to Inform Structured Medication Reviews

Bethany Linder, Jiamin Du, Nuno Taveres, Tingting Zhu, Prayag Tiwari, Sundus Jawad, Anna Elizabeth Seeley, Subhashisa Swain, Jaheeda Gangannagaripalli

1 Introduction

- Polypharmacy (taking of ≥ 5 medications) is common in people living with dementia and is linked with increased risks of adverse drug events and mortality [1,2].
- Structured medication reviews (SMRs) with a healthcare professional (HCP) can help optimise medication regimens and avoid polypharmacy. However, due to lack of time and resources, **only around half of eligible patients have annual SMRs** [3,4].
- AI could potentially be used in SMRs to help clinicians by saving them time and catching errors [5,6]. This could help more people who need them receive SMRs.

2 Methods

- 12 semi-structured interviews were conducted with people living with dementia.
- 2 focus groups were conducted with 14 informal carers.
- Interview guides were informed by workshops with HCPs around using AI in SMRs.
- Reflexive Thematic Analysis [8] was used to construct themes around medication management and attitudes towards AI.

3 Results

Two themes were constructed:

1. Perceived Pitfalls of SMRs:

- SMRs can be impacted by lack of time, empathy, and personalisation from HCPs. This was exacerbated by lack of continuity of care.
- Access to SMRs and medical appointments can be challenging.

2. Attitudes Towards AI:

- AI was seen as ‘progress’ and using it could free up HCP’s time and allow them to spend more time meaningfully interacting with patients.
- Concerns around safety and data security must be addressed before AI is used in healthcare.

4 Conclusions

- Participants were supportive of the concept of using AI to assist (but not replace) clinicians, if this could lead to more personalised advice and more contact with HCPs.
- Human oversight alongside rigorous testing and legislation are essential to ensure patient safety and data security.
- Co-design of AI tools is important for ensuring that they meet the needs of people affected by dementia.

References:

[1] Maher RL, Hanlon J, Hajjar ER. Clinical consequences of polypharmacy in elderly. *Expert OpinDrug Saf*. Jan 2014;13(1):57-65. doi:10.1517/14740338.2013.827660. [2] Mueller C, Molokhia M, Perera G, et al. Polypharmacy in people with dementia: Associations with adverse health outcomes. *Exp Gerontol*. Jun 2018;106:240-245. doi:10.1016/j.exger.2018.02.011. [3] Joseph RM, Knaggs RD, Coupland CAC, et al. Frequency and impact of medication reviews for people aged 65 years or above in UK primary care: an observational study using electronic health records. *BMC Geriatr*. Jul 14 2023;23(1):435. doi:10.1186/s12877-023-04143-2 [4] Sheppard J, Bateman P, Wright-Drakesmith C, et al. Impact of structured medication reviews on prescribing in English Primary Care. *British Journal of General Practice*. 2026;BJGP2025.0617. doi:10.3399/BJGP2025.0617. [5] Abuzour AS, Wilson SA, Woodall AA, et al. A qualitative exploration of barriers to efficient and effective structured medication reviews in primary care: Findings from the DynAIRx study. *PLoSOne*. 2024;19(8):e0299770. doi:10.1371/journal.pone.0299770. [6] Socrates V, Wright DS, Huang T, et al. Identifying Deprescribing Opportunities With Large Language Models in Older Adults: Retrospective Cohort Study. *JMIR Aging*. Apr 11 2025;8:e69504. doi:10.2196/69504

