**STOP-DEM – Deprescribing for People with   
Cognitive Impairment**

Transcript for interview

**C03**

***Please refer to the key to abbreviations on the last page of this transcription***

**INT: So, I want to start with a really general question with you.**

C03: Yeah. Yeah.

**INT: Can you tell me about (*P03*) and the support that you provide to him more generally beyond medication?**

C03: Yes, when he has a shower in the morning, he has to wear compression stockings and some of the tablets, you’ll find he’s on rheumatoid arthritis tablets. So, I help him to put them on and his stockings and what have you. He- sometimes he tries to do it himself, but I usually do it every morning. At the moment, he’s able to get up and get to the bathroom, that sort of thing, so, that’s good. It’s remembering everything. I leave his tablets at night by the side of the bed with the water ready, that’s what that one is.

**INT: Photo number four.**

C03: Yeah. So, that he can take his first ones in the morning and when I’ve had my shower, I usually say: “don’t forget your tablets” and he takes them. And then I bring them downstairs ready for the next time, which is lunchtime, and just generally cooking and keeping tabs on everything, the money side of everything, what needs to be got from the shops for him. It’s- it’s just general help, remembering every- everything that needs to be done. Yes.

**INT: How long have you needed to provide that level of care?**

C03: It’s sort of been going on, I should think now, for about, what, four/five years. Yes. Yeah.

**INT: So, let’s start to think about the photos, can I ask you the same question that I asked (*P03*)?**

C03: Uh huh.

**INT: Did you plan what you were going to take the photos of or did you take them spontaneously?**

C03: That one was more or less spontaneously.

**INT: So, that’s photo number four.**

C03: Yeah, ready.

**INT: Is it easier if we go through them one by one.**

C03: Yeah.

**INT: And you can tell me whether they were spontaneous or planned, and then we can talk about what’s in them as well.**

C03: Yeah. Yes.

**INT: So, let’s start with photo number one.**

C03: Well, that was more or less planned as I got the- the stuff ready here to do. Yes.

**INT: So, tell me a bit about those photos and what they mean.**

C03: Well, as you can see, they are put in- I do them in day order for the fortnight *(referring to the pots in picture 1)* so I know that the top one that is taken out ready for early in the morning is that day. He says it doesn’t matter but, I said it does to me because I’ve got (*laughing*) to know I can say: “oh, yes, he’s definitely had those today”.

**INT: So, then looking at photo number one, do you do them on Tuesdays?**

C03: Yes, it looks like it’s a Tuesday because these were obviously, I think, empty ones so that’s when they came in probably the day, or a couple of days before. So, then I would get them all set out and then if I’ve got, already got one with the tablets in, one left that’s full, I can look at those and I know from the list that I’ve got that’s definitely the morning ones, with the colours.

**INT: So, you kind of match across?**

C03: Match across ex- except when they change the colour, or the company they buy them from.

**INT: So, that causes a challenge.**

C03: That, yes, but then I can look at the packet and say: “oh, yeah, those are the so-and-so’s and I know that you take those then”.

**INT: So, that’s photo numbers one and two.**

C03: Yeah.

**INT: Let’s have a look at photo numbers three and four. So, you’ve mentioned four already which is your nighttime.**

C03: Yeah, that’s by the side of the- going to be taken at- by the side of the bed with his water and that *(Photo 3)*- I’ve got a list there that I made out and I’ve written down what he has to take and then crossed out those that are not applicable, and I’ve written by the side what they look like in the colour situation (*laughing*).

**INT: So, that just helps you?**

C03: Yes, sometimes if I’m really stuck and I- and I’ve got the times that they- they’re to be taken.

**INT: So, when you say that you’ve crossed it out because it’s not applicable, is that because it’s something that’s been stopped?**

C03: Stopped. Yes. Propranolol was one that was stopped.

**INT: So, we can talk a bit about that when we look at stopping of medication.**

C03: Yeah, and there is something that they’ve taken him- taking him off of.

**INT: So, that’s photo numbers three and four. Let’s have a look at photo numbers five and six now. Tell me a bit about those.**

C03: Oh, that’s- that’s definitely the one in the morning because it’s full. That’s at- that- that’s- I put it down there at night and that’s full ready to take the morning.

**INT: So, that’s ready for the next morning?**

C03: Yes.

**INT: So, this is you taking it upstairs, is it?**

C03: Yeah. No, this- this is upstairs. Yes.

**INT: This is photo number six.**

C03: He’s- he’s put- he’s putting them in his hand ready to throw them in, as he does (*laughter*). He’s quite clever at doing that. However many there is, he’s quite good at throwing them in. Yeah, that’s what that is. He just got out of bed ready to take them.

**INT: And did you say you take a full one upstairs so, the morning ones are upstairs?**

C03: Yes. Yes. Yes.

**INT: So, let’s now look at photo numbers seven and eight.**

C03: So, that- again, that’s them all laid out here *(at table in lounge where we were sat for the interview)* ready for me to start filling them up.

**INT: So, they’re all your packets.**

C03: And that’s the packets ready with the tablets ready to go into the little holders. Yes, which I’m doing. Yes.

**INT: So, now photo numbers nine and ten.**

C03: Well, that’s more or less the same as the other ones, isn’t it?

**INT: Potentially, I think, that’s one where you’ve then filled it and put it on the top.**

C03: Yeah. Yeah. Yeah, and- and the date. Yes.

**INT: And what about photo number ten?**

C03: Number ten is- means he’s taken the morning, the midday and then that’s ready for the evening.

**INT: So, it’s out on the side ready for the evening?**

C03: Yeah, in the evening, we do have- I got a lady that comes in from *(name of care organisation)* and she comes in just for half-an-hour and she takes off his stockings and his- creams his legs and creams his back, puts eye drops in because he’s got an eye problem, and then she gives him the tablets, and she marks it to say she- that’s what’s been done. I could do it, no problem, but if I had into go into hospital, I can call on them to pop-in to make sure that he’s having his tablets - because I’ve got big heart problems anyway - at the right times.

**INT: So, having them come in regularly in the evenings.**

C03: I could- yes, at least then they- they’ve got an eye on him and if I go into hospital and I’ve- somebody ‘phones and says: “can you pop-in in the morning, make sure he’s had his tablets, or lunchtime and make sure he’s had his tablets”.

**INT: So, they’re then familiar with the process?**

C03: Yes. Yeah.

**INT: So, do you leave these anywhere specifically for your lady who comes in?**

C03: Yeah, that’s left outside- out in the kitchen on- on the worktop so, they make the cup of tea and then the water, and they bring that in.

**INT: So, let’s look at photo number eleven and twelve.**

C03: Oh, yeah, this is another one where he’s sat in the chair there ready- ready to throw them in his…

**INT: So, that’s photo number twelve and it looks like his evening tablets. Is that right?**

C03: Yes, that’s his evening ones. *(Referring to photo 12).* Oh, that’s just the prescription. That’s just the prescription. *(Referring to photo 11)*

**INT: So, what do you do in terms of managing his prescriptions?**

C03: I- that- that is- that is the pain, I have to remember. Obviously, when I- they’re getting down what I tend to do is, I think: “ah, they’re going to run out say: in ten day’s time, I must notify the doctors to say can they do the prescription”, but they won’t do it immediately even though the chemist said can they do it in ten days because it gives them time to get the medication in if they haven’t got it in store.

**INT: So, how do you contact the surgery to ask them?**

C03: I- I- well, what I have been doing is to tick one of these *(points to photo 11)* as to everything that he wants and leave it at the surgery.

**INT: So, you take it down to the surgery?**

C03: Yes, I’ve got a feeling I might be able to set something up with a chemist but I’m not sure about that one yet.

**INT: So, that was photo number eleven, and we talked about photo number twelve. And then we’ve got photo number thirteen.**

C03: Yes, again, that’s where he’s going to throw that in his mouth.

**INT: So, that’s the evening one again?**

C03: Yes, that’s the evening one again.

**INT: So, is there anything else that you do to support him? You obviously help with the ordering of the medications.**

C03: Yes.

**INT: You pop them out into the pots.**

C03: Yeah, I get them all set out. Yeah.

**INT: You hand the pot over when it’s needed (*laughter*).**

C03: Yeah, as you saw.

**INT: Anything else that you do?**

C03: He’s still very good at cap- being capable of being able to do things even though his hands are- are- are bad. I might cut some of the food up and make it easier but (*pause*) being here, obviously. I take all the ‘phone calls (*sigh*) and, as I say, do all the banking, the lot.

**INT: So, in terms of managing his medication, what would you say were the challenges?**

C03: Setting them all out. Yes, because there are so many and some are one-a-day and some are two-a-day, some are three times a day and knowing that they’ve got to be right and that their- that I don’t run out of something even though I think: “oh, I’ve got enough of those left” and then find it’s something else because they’ve been prescribed at different times so, they don’t all run out at the same time. That’s a- that’s a challenge. Yes, making sure that the one that runs out first is when I’ve got to look at ordering all of them and then the doctor won’t prescribe until he- he thinks it’s the right date. Yes.

**INT: So, that makes it challenging having them all together at the right time to fill the pots?**

C03: Yes. Yes. Yes, most of the time, there’s no problem but it can be if something crops up or he’s got to take more than what he should, or they say: “well, we’re increasing something” and then it all comes out of sync because some- that one’s been increased, and the others aren’t (*laughing*) and I’ve run out (*laughing*).

**INT: So, actually, swapping dosages is a challenge?**

C03: It is- it is difficult. It- it can be a challenge. Yes.

**INT: Is there anything other than the medication pots that you think really helps with the medication taking?**

C03: (*sigh*) Not- no, I think, doing them daily and in time sequence does help. The chemist used to put them all in and do that in blister packs. They don’t seem to do that now because they haven’t got the staff so, then, of course, it came out and then--- now this is being done, I have to do it anyway.

**INT: So, that was more helpful, was it?**

C03: It was slightly more helpful when they were all done ready because even- even if they’re done ready, and he likes them in the pot because he can throw them in the way he does, they would be in the right order so, I’d just take them out of the blister pack and then they’d go straight into the pot. Yeah.

**INT: So, we’ve obviously established that he’s taking quite a few medications.**

C03: Yes, quite a few.

**INT: How do you feel about that number of medications?**

C03: Well, he takes six a day for rheumatoid arthritis and I’m not- he hasn’t had those reviewed for a long time. He takes Tamsulosin for prostate problems, and I see there’s another tablet he takes for prostate but they don’t check him, and they’re actually taking him now- weaning him off Primidone for his shaky hands in effect. He used to take quite a few a day on those. I’ve written it down (*shuffling papers*). I can’t remember now what it was but it was quite a heavy dose, but that came from his consultant who sees him about his- his hands, he saw him earlier this year, and he said he’s- ought to come off- would be weaned off those because it can effect his cognitive behaviour.

**INT: So, effect how the brain is functioning?**

C03: Yes. Yes, because it- it- the hands originate from the brain. So, at the moment, he’s on a low dose and I’ve got to eventually take him right off. But whether they will contact me to say: “is there any difference?”- but I- I think, his hands have got worse. So, at the moment, because we’ve still got some left in the cupboard, I’m keeping on with them at the moment.

**INT: So, that is a really good example of something being what we would call deprescribed...**

C03: Yes. Yes.

**INT: So, being reduced. How have they managed that with you? It doesn’t sound like there’s a follow-up?**

C03: Well, apparent--. No, the- the- I had notification from the surgery because the consultant had notified them to bring the dosage down, and they then told me to do it very gradually. So now, I’m down, I think, to- oh, a quarter, I think, of what he used to take.

**INT: So, going back to the consultant, the consultant obviously made that decision.**

C03: Yes.

**INT: Were you or (*P03*) in involved in that decision-making?**

C03: We were- we were- obviously in the- in the surg- when we’d saw, seen him in (*location of hospital*) and he said about it: “I think, that’s what we will do”, but it would be up to me, I suppose, and how (*P03*) is feeling whether we came off them altogether or whether we stick with a lower dose. So, I- I would assume that at some stage, the doctor would say: “how is he getting on?” or: “can we take him right off?” but, at the moment, I’m keeping going with what I’ve got.

**INT: So, there’s been no planned follow-up for that to be reviewed?**

C03: No. No.

**INT: Either with the consultant or the GP?**

C03: No. No.

**INT: Would follow-up be helpful?**

C03: It could- it could be because obviously because they both affect one way or the other, and his hands are the things that, I think, worries him because it is frustrating, isn’t it? *(Asking P03)*

P03: Yeah, I’ve always worked with my hands.

C03: Yes. So, it makes it more- it- *(lowers voice whilst P03 clears throat)* he doesn’t want me to help. So, it is difficult but, equally, his (*sigh*) memory is slightly worse but then, I think, that- with that dementia, that is going to happen anyway whether he’s on them or off of them. I think *(stressed by intonation)*, not knowing enough about it but…

**INT: So, there’s questions there that you might want answers to?**

C03: It might- might well do. Yes. Yes.

**INT: And where might you get that information from, do you think?**

C03: Well, I- to me, the only place that I would think I would get it from would be from the doctor. I would think.

**INT: The consultant or the GP, by doctor?**

C03: The consultant only deals with the hands. He doesn’t deal with the dementia side. We- I’m- no (*laughing*), it’s difficult.

**INT: Is follow-up something you would like?**

C03: It’s something that would- could be of help.

**INT: Is there anywhere else you might look to get information other than from health professionals?**

C03: (*pause*) (*sigh*) No, I- I- I- no, I suppose, one can go online but each individual’s different. So, I don’t- I- I- only if I know somebody is going through the same things. It is difficult because not everybody’s got the two things both affecting from the head. That’s where the- the thing is. I mean, the consultant said that- that because it’s the head that’s making this, because it ran in his family, and dementia is from the head, he thinks one would affect the other. That was what his feeling was, but it would, it’s a question of which way round do you want it. Yes, it is a difficult one.

**INT: So, it seems like the decision-making’s been left to you. Is that how it feels?**

C03: Yes- yes, I think, it has really because, I think, the doctor would want to know how things were going, I think. Because eventually, they’re going to say: “well, we’re stopping it altogether” but, at the moment, we just keep on with the- the- the two very very small tablets which are a quarter of what he was having.

**INT: So, as you haven’t got any planned follow-up, how might you manage that in the future?**

C03: Well, I think, if it- if it (*sigh*) I felt that he needed more help then obviously, I would have to speak to the doctor which is very difficult. I’m sorry (*laughing*).

**INT: No, tell us what you think.**

C03: Yeah, it’s- it is- I mean, it is difficult for all of them these days. It seems as though if you get to speak to someone it’s usually a nurse, or a nurse practitioner, rather than a doctor. That- you know (*sigh*)…

**INT: And is your feeling that the doctor is the right person, not the nurse practitioner?**

C03: But you need somebody with more knowledge on what you’re asking. General, a- a doctor is very good in general but that’s very specific, isn’t it?

**INT: Yeah.**

C03: I’ve- I’ve got people I can contact about dementia obviously. That- that- I’ve got their ‘phone numbers, I can if I feel that there’s something needed because they put him on Rivastigmine, but the lady, dementia lady, who put him on said she doesn’t think it’s very good but it’s one of the ones they use so, we use it (*laughing*).

**INT: So, you’ve got access to dementia specialists.**

C03: Yes.

**INT: You’ve got your consultant that’s seen for the tremor.**

C03: Yes, the tremor.

**INT: And then you’ve got the GP involved.**

C03: Yes.

**INT: So, we’ve talked about whether medications are reviewed, and you probably heard me talking to (*P03*) about that.**

C03: Yes.

**INT: Are you aware of any medication reviews happening?**

C03: No, not- not- not wholly. No.

**INT: No.**

C03: No, not for some- some long- it must have been before COVID but- definitely.

**INT: And when that medication review happened before COVID, what did that look like? How did it happen? Do you remember?**

C03: (*sigh*) No because it was so long ago. Well, it’s like (*P03*) said, it was a long time ago and maybe he- at that stage, he wasn’t on all of those tablets. I mean, the rheumatoid arthritis, we go- we had been, we don’t go anymore, go to a clinic in (*town*) which deals with rheumatoid arthritis. They put him on those tablets, six a day, and that’s never been reviewed. And you- but you don’t know, do you, you do as you’re told (*laughter*).

**INT: So, do you think it would be helpful for medications to be reviewed?**

C03: Every so often, I think, especially when you’re on so many, it probably would.

**INT: And so, you say every so often, what sort of frequency might you think would be helpful?**

C03: I- I would say at least probably every two years. I would- I would think because if you’re put on a new medication, you need to know whether: “yes, that’s working” or: “no, it’s not done anything any different” and you need that time to work it out to make sure.

**INT: And who would you say would be best placed to do a medication review given that you’ve mentioned there’s lots of different people involved?**

C03: Involved. Yes. Well, I assume- I mean, I’m assuming it’s got to be the doctor (*sigh*). Unfortunately, unlike years ago where you had one doctor who saw you for everything, you could see another doctor who hasn’t seen you before which is difficult for them because they don’t know your history so well. This is where continuation of something, continuity, is required, but he has got a doctor that sees him- don’t say most of the time, (*name of doctor*), isn’t it?

P03: Yeah.

C03: But she doesn’t work very many hours these days. I don’t- but to talk to a doctor with experience would probably be the best.

**INT: Is there any other professional at the surgery who you think might be able to help review medications?**

C03: (sigh) I…

P03: I don’t think so.

C03: No, I- no, I don’t know how much a nurse practitioner knows about medications per se. I don’t know (*laughing*).

**INT: No, that’s great to know that from your perspective, the GP is best placed.**

C03: The best. Yes. And, I mean, if they wanted more advice then they would go to the consultant that was dealing with that particular thing. Yes.

**INT: So, they could link in with the other key doctors that are involved?**

C03: Yes. Yes. Yeah.

**INT: So, following that kind of reduction in medication, and you’ve talked through how that has come about, can you tell me what you think went well with that process?**

C03: (*Long pause*) (*sigh*) Coming off of them?

**INT: The whole process of stopping them.**

C03: Stopping them. Well, I think, his hands have got a lot worse but then that’s got to be-counteract with what else it does. That- that is where a problem arises (*sigh*) because I’ve got a feeling Propranolol was something to do with…

**INT: Yeah, you mentioned earlier that the Propranolol had been stopped as well.**

C03: Stopped. Yeah.

**INT: Can you talk me through how that happened? How the decision was made.**

P03: I stopped it. I just said I didn’t want to take it anymore, didn’t I, because it was creating other problems, but I forget now what, and I went to the doctor and said it was having an adverse effect, and they took me off it.

C03: Yeah, and this is in 2021 so, they- that- that came- yes, that came off because this is an old one, we haven’t got these anymore. These are- um ...

**INT: So, that was your decision to stop the medication?**

P03: Yes.

C03: Yes, in 2021.

**INT: Was there any follow-up after that medication was stopped?**

P03: No.

C03: No.

P03: No.

C03: No.

**INT: Would it have been helpful for a follow-up for that?**

P03: No.

**INT: Do you know why you were taking it?**

C03: Well, I thought it-, I thought Propranolol was something to do with the hands.

P03: Yeah, I think so.

C03: And then they- then, of course, the Primidone came into being, didn’t it? Yes, because I- yes, because it wasn’t on the original and I’ve put it on since. They changed it from one to the other. Yeah.

**INT: And that was based on your feedback?**

C03: Yes.

P03: Yeah.

**INT: So, if you were to think about the perfect situation where a medication is being stopped, what do you think that follow-up should look like?**

C03: I think, then that that should have a doctor at least saying: “it’s been stopped as from…”, “can you let me know in a month” or what- whatever they think, a fortnight, a month: “what effect it’s actually having or not having on- having- coming off of them”. Just (*sigh*) peace of mind because they could look up and say: “yes, well, that’s going to happen anyway, taking them or not taking them”, but if he takes them and they do help, well, is it a good thing to carry on with them? Yes.

**INT: So, the whole stopping medications, do you see that as something that’s quite normal as part of managing health conditions?**

C03: I suppose, it is in some respects depending on what other things the patient has got, what other problems the patient has got. (*sigh*) I see- you see, he’s on something called Dutasteride and when I look it up, that’s also got something to do with like Tamsulosin which is prostate so, does he-- he’s not checked so, does he need both of them? That’s- that- that’s what you think (*laughing*)- you don’t know.

**INT: So, one of the questions I’ve got is: what questions do you need answered?**

C03: Yes.

**INT: In terms of understanding stopping or reducing medications.**

C03: Yes.

**INT: And, I think, you’re listing them all for me (*laughter*).**

C03: Quite. OK (*laughing*).

**INT: Which is great, you know, there are questions there about the medication that you need to know.**

C03: Yes, some- yes, because obviously, they put some on without checking that he needs them, or does he need both of them? Yes.

**INT: So, thinking back to the idea of a medication review, that would be something that would be helpful.**

C03: Yes, would- yes.

**INT: And in terms of any discussions around medications, any medication reviews, do you think you should be involved in those?**

C03: Yes, got to be.

**INT: So, both you and (*P03*)?**

C03: And (*P03*). No, and probably (*P03*) as- as well.

P03: Yes. Yeah, both.

C03: Or obviously, as the difficulty is the memory problem but, equally, he should be involved, and they need- would need to see him. They can see then what it could be doing. Yes.

**INT: And you’d need to be there because of the memory.**

C03: Yes. Yes.

**INT: And, what’s your experience of making decisions jointly with healthcare professionals whether medication related or not? Have you any experience of making decisions jointly with professionals?**

C03: No. No. Oh, no. No, you- you assume if they’ve said: “this has got to happen” you go with the flow, you do (*laughing*)- yeah.

**INT: So, you’ve not really had any experience of kind of making those decisions jointly?**

C03: No. No. No.

**INT: So, going back to that day-to-day managing of your medication, how has the stopping of the medication? What problems or solutions has it caused to your day-to-day processes?**

C03: Well, stopping them, it’s noticing some slight differences and perhaps being on something could make a slight difference on- on another thing. I must admit, since he’s been on all those rheumatoid arthritis tablets, and those he takes a lot of, his rheumatoid arthritis he does- although he gets backache, or whatever, your whole body…

P03: No.

C03: Is quite good, isn’t it?

P03: Yeah. Yeah, it is.

C03: And, I mean, he used to have awful back problems, used to be in a plaster cast for his back, and this sort of thing, and just- it’s just then old age really, you know, bending over and finding things difficult, but he doesn’t complain about: “oh, God, my back hurts”, this sort of thing. We don’t get it- occasionally, but not- not like he used to have.

**INT: So, if we think about the Primidone that you’ve said is being reduced.**

C03: Yes.

**INT: How did that affect what you do day-to-day in managing your medications in terms of putting them in the boxes, etc?**

C03: Well, obviously, they were big tablets before and now they’re little, teeny, weeny things, but I have got (*laughing*) used to the small ones, but, in theory- am I allowed to say?

**INT: Say what you like.**

C03: He should have been on only- now down to one of these little, teeny, weeny (*sigh*) which- but he used to be on two-hundred-and-fifty milligram and now he’s on twenty-five.

**INT: So, it is quite a significant change.**

C03: It is quite significant, and he’s supposed to only be on one now, but I still do two because I’ve got them (*laughing*).

**INT: So, when you started to reduce them, did you wait until you were due to refill before you did that?**

C03: Almost. Yes.

**INT: So, if something was stopped suddenly, what impact might that have? So, you went to the GP, and they said: “right, don’t take that anymore”.**

C03: Because you- you- you take what they say as being correct.

**INT: But what impact might that have on all of your kind of planning around managing the medication?**

C03: The rest…

P03: Well, it would depend on what it was.

C03: What it- it would depend…

P03: And how it affected me.

C03: Yes, it would be after about a fortnight, whether you’d realise: “what’s the diff- there’s something different”, “it’s not quite right”, “why?”, and then you’d think back: “well, because he’s come off of that and it’s obviously made a difference”. Yes: “not for the better”. Yes. And then, obviously, in theory, one would contact the doctor to say: “is it OK?”, “he’s come off of this but I’m noticing, and he’s noticing, he’s not as good as he was”. I think, that’s the (*laughing*)…

**INT: And that’s where the follow-up would come in?**

C03: Where the follow-up would come in. Yes.

**INT: And what about the practical day-to-day of managing the medications? So, if you’ve got them all doled out in the pots, how might you manage that if one of them was stopped? Would you take it out each time or would you go through and take them all out?**

C03: (*sigh*) I probably- because they- they’re there for the fortnight, and then as the fortnight goes so, they’re emptying- and empty, I’d probably go to the end of that fortnight and then stop. So, it would just be a few more days of whatever’s left in that fortnight. I wouldn’t go in and sort of: “I better take that one out”, “I better take that one out”. Oh, no. No (*laughing*).

**INT: No, that makes a lot of sense. I am just going to check through my questions. I think, we have actually covered the questions as we’ve gone through. Is there anything else that you want to tell me or want to add to what you’ve already said around the idea of stopping and reducing medication?**

C03: No, I just think that more reviews would be a good idea. I just think that probably because he’s on so many tablets that a review of them might be a help.

**INT: And that’s a review of them all together?**

C03: I think, all together. Yeah. Yeah, that you’re- you’re taking this for what- you know, one thing. But, I mean, to me, Tamsulosin and Dutasteride, men get an awful lot of prostate cancer and, I think, that that should be occasionally checked on to make sure: “he’s OK, but he doesn’t really need all of these, he’s alright”, and equally: “how are his hands doing?”, “have they made a difference from coming off of the tablets?” and I can say: “yes, they have but, equally, of course, the memory isn’t much- isn’t any- any different either. Not really”.

**INT: So, you need that oversight?**

C03: Yes. Yes.

**INT: Anything else?**

C03: And whether there’s anymore- any other tablet that they’ve come up with since they put him on Rivastigmine, whether any- there’s anything else that’s in the pipeline that could be used. They- they keep coming up with new things.

**INT: So, kind of making sure that the medications that you’re currently taking are the most effective?**

C03: Are the most effective. Yes. Yes, that’s- that’s what I think (*laughing*).

**INT: And you want to be involved in those medication reviews?**

C03: Oh, yes. Yes, definitely. Yes. Yeah, but equally you’ve got to know that they aren’t going to upset something else. I mean, he’s on some here and I don’t know why. Whatever (*laughter*). Sulfasalazine, I’m wondering what that’s for.

**INT: The postman has arrived. On that note, we’ll turn the recorder off.**

**END OF INTERVIEW**

**Key to abbreviations**

**INT Interviewer**

C03 Respondent

P03 Second Respondent

***Audio* file: 40.54 minutes**