

REDUCTION OF POTENTIALLY INAPPROPRIATE PRESCRIPTIONS AT DISCHARGE IN A POPULATION OF NONAGENARIANS

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BACKGROUND

As a consequence of a longer life expectancy, nonagenarian people has risen. This group is clinical and therapeutically complex, and study their pathophysiological characteristics and their mortality risks (impaired capacity for instrumental and daily activities, cognitive decline and polypharmacy) is needed. Polypharmacy (>4 chronic drugs) in the elder is related to an increase of drug-related problems (DRP) and potentially inappropriate prescriptions (PIP).

1 - To describe **demographic and clinical characteristics** of nonagenarian patients and their **pharmacological treatment**.

2 - To evaluate the **differences in chronic treatment** and **PIP** in nonagenarian patients **between admission and discharge**.

OBJECTIVES

MATERIAL AND METHODS

Subjects: ≥90 years-old patients with polypharmacy discharged between January and June 2017 from an Acute Geriatric Unit (81 beds) of a Geriatric Healthcare Centre from a University Hospital.

Registered variables: age, sex, Barthel Index and Pfeiffer Test before admission. Number of chronic drugs/patient, number of PIP/patient and chronic benzodiazepines use before admission and at discharge. Pharmacist interventions due to DRP; length of stay (LOS) and mortality.

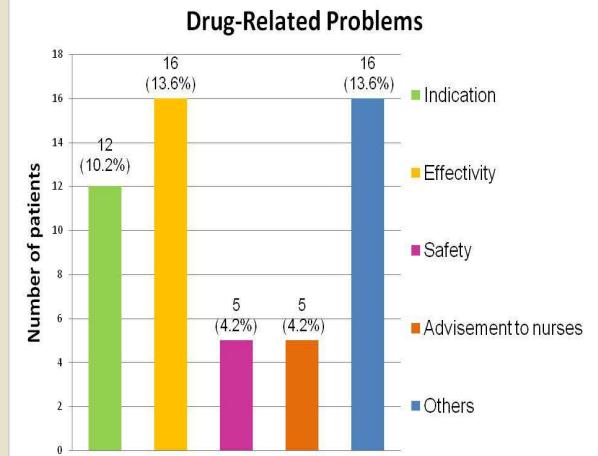
Analysis: Data are presented as median (Q1-Q3). Fisher's exact test for qualitative and U-Mann-Whitney-Wilcoxon Matched PairsTest for quantitative data were used. Statistical analysis was performed with Stata13.

Subjects studied	
Number of patients	118
Age (years)	92 (90-94)
Female (n, %)	78 (66,1%)
Barthel Index *	50 (35-75)
Pfeiffer Test*	3 (1-7)
Length of stay (days)	9 (6-15)
Mortality (n, %)	38 (32.2%)

*Data at admission

Differences between admission and discharge	Admitted	Discharged	p
Chronic drugs/patient	10 (8-14)	11 (7-15)	0.192
PIP (average ±SD)	1.14 (± 0.85)	0.84 (± 0.81)	<0.001
Chronic benzodiazepines use (n ±%)	30 (37.5%)	15 (18.8%)	<0.001

RESULTS



CONCLUSIONS

- Nonagenarians presented mild cognitive impairment, severe dependence and high polypharmacy.
- The majority of pharmacist interventions were related to effectivity, such as, renal impairment-associated drug dosage adjustment.
- At discharge, the number of chronic drugs prescribed increased but the PIP and use of benzodiazepines significantly decreased.

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