





PHARMACOTHERAPEUTIC RECOMMENDATIONS AND DEPRESCRIPTION IN ELDERLY PATIENTS ADMITTED TO AN ACUTE A GERIATRIC UNIT

Pérez Belmonte F¹, Calleja Fernández C¹, Marroquín Castillo CC², Ciudad-Gutiérrez P¹, Molina Mendoza MD¹, Montero-Errasquín B², Álvarez-Díaz AM¹, Delgado-Silveira E¹



¹Pharmacy Service. Hospital Universitario Ramón y Cajal. ²Geriatrics Service. Hospital Universitario Ramón y Cajal

BACKGROUND AND IMPORTANCE

Older patients with multimorbidity, frailty and polypharmacy have a high risk of inappropriate medication prescribing (IP)

that affects quality of life. Deprescription is a recognized strategy to optimize pharmacotherapy and reduce IP.



To analyse the pharmacotherapeutic recommendations (PR) performed by the clinical pharmacist in patients admitted to an Acute Geriatric Unit (AGU) and the degree of acceptance by physicians.

 To quantify desprescription obtained through the PR performed.

MATERIALS AND METHODS

Retrospective and descriptive analysis of PR performed in daily practice in an AGU between 01/09/2023 clinical and 31/01/2024.

Sociodemographic variables

- Clinical variables
- Pharmacologycal variables

Sociodemographic variables

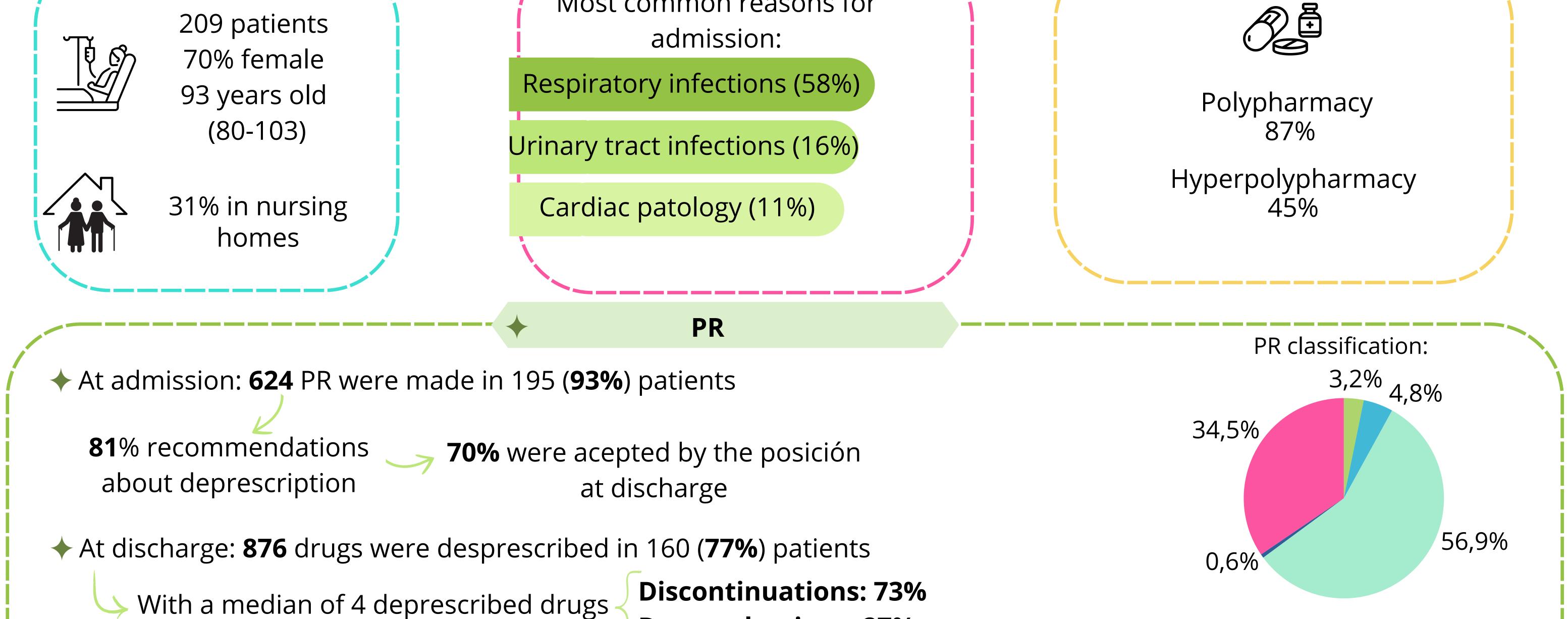
RESULTS

Clinical variables

Most common reasons for

Pharmacologycal variables





Dose reductions: 27%

The most commonly deprescribed drugs were **omeprazole** discontinuation (6%), followed by **paracetamol** reduction (4%) and **metamizole** discontinuation (2%).





- Most patients received PRs, mainly deprescription which were accepted by the physician at hospital discharge.
- The most common deprescription performed by physicians was drug discontinuation and the most commonly deprescribed drug was omeprazole.



