



9-month outcomes of a pharmaceutical intervention to reduce exceeding maximum dose prescriptions in elderly people

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Background and importance

In October 2024, a semi-automated process was implemented in nursing homes (NH) to detect and reduce potentially inappropriate prescriptions (PIPs) that exceed the maximum recommended dose.

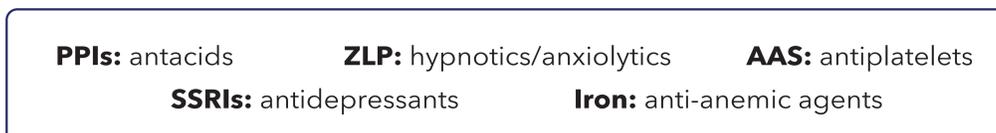


Aim and objectives

To analyse the number of PIPs exceeding maximum doses nine months after the PI, assess changes within each PIP group, and identify the reasons for those changes.

Material and methods

1. Automatic data extraction was used to analyse the intervened population.
2. Reasons for changes in each PIP group were examined.
3. Alternative drugs were identified for each PIP group:



Results

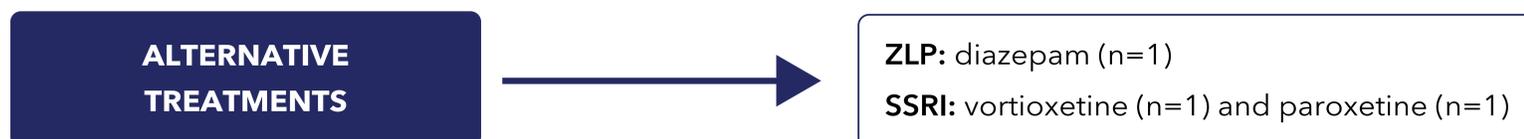
After the PI in October 2024, 158 patients had PIPs; nine months later, 123 patients had PIPs. During this period, 35 patients died.

	PPIs	ZLP	AAS	SSRIs	Fe
October 2024 (n=158)	20	20	1	8	5
July 2025 (n=123)	17	14	1	8	2

Table 1. Results of PIP number.

Reasons for changes in each PIP group:

- **PPIs:** 5 deaths, 2 restarted for gastrointestinal symptoms
- **ZLP:** 7 deaths, 1 restarted for unknown reasons
- **AAS:** no changes observed
- **SSRIs:** no changes observed
- **Fe:** 4 deaths, 1 restarted for unknown reasons



CONCLUSION AND RELEVANCE

The reduction in PIPs exceeding maximum doses was largely maintained nine months after the PI, with minimal use of alternative treatments. This approach supports safer prescribing and represents a practical tool for optimising pharmacotherapy in NH patients.

