COMPARISON OF DEPRESCRIBING STRATEGIES: LESSCHRON CRITERIA VERSUS THE GOOD PALLIATIVEGERIATRIC ALGORITHM IN A NURSING HOME

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BACKGROUND

Polypharmacy and the use of potentially inappropriate medication are frequent in nursing home and are associated with adverse health outcomes. **Deprescribing** has been proposed as a way to curtail problem; however, the best way to implement deprescribing and its real impact are still **unclear**

AIM AND OBJETIVES

To **compare two different** deprescribing strategies and to assess the **impact** of their application in a nursing home

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DESIGN AND INTERVENTION

✓ Quasi-experimental study of pre-post design in a nursing home july- september 2020

✓ The pharmacist applied the LESS-CHRON criteria (LCs) and the good Palliative-Geriatric algorithm (gPG) to the same population to asses the differences.

✓ The recommendation of deprescription was made to the physician.

INCLUSION CRITERIA

- inpatients aged > 65 years
  and
- >5 medications

MATERIAL AND METHODS

MAIN VARIABLE

✓ The impact on the average number of medications per patient according to the strategy used if all the interventions were accepted.

✓ The reduction of LCs was evaluated.

RESULTS

Acceptance of all interventions would have meant a reduction of **1.27 medications** per resident on average applying the **gPG** versus a reduction of **1.03** according to the **LCs**

LCS:
➢28 detected in 17 different residents.
➢32.1% involved cardiovascular system (55.5% regarding antihypertensives) and 28.5% nervous system.
➢ Eight of the 28 proposed interventions were accepted, reducing the number of LCs by 28.5%.

gPG algorithm:
➢21 recommendation were added resulting in a total of 49 in 25 patients.
➢Of these 21, 80.9% were aimed at **suspending drugs not included** in the LCs and 14.2% at reducing doses.
➢66.6% of the proposed interventions were accepted. Encompassing the two strategies, 44.8% of the interventions carried out were accepted.

CONCLUSION AND RELEVANCE

The LCs are a tool to help deprescription in people with multimorbidity, especially those related to the **cardiovascular system**; However, it is necessary to validate whether they are useful in patients with a **longer life expectancy**, where an algorithm such as gPG may be preferable.

REFERENCES:
http://chronicpharma.es/wp-content/uploads/2019/12/PDF3.pdf

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