

DEPRESCRIBING OF POTENTIALLY INAPPROPRIATE MEDICATION IN COMPLEX CHRONIC PATIENTS

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Background and importance

Potentially inappropriate medication (PIMs) are those prescribed without clinical justification, either by omission or by inappropriate inclusion. Complex chronic patients have evolving therapeutic needs that require continuous reassessment, making them particularly susceptible to PIMs. Deprescribing is a planned and supervised process of reducing or discontinuing medications to improve health outcomes and reduce the risk of adverse side effects.

Aim and objectives

To evaluate the impact of a Comprehensive Pharmacotherapy Assessment Program (CPAP) on the prevalence and total number of PIMs in intervention patients, before and after the intervention.

Materials and methods

Prospective intervention study in the emergency department of a tertiary hospital between January 2023 and November 2023.

Inclusion criteria: Complex chronic patients who consulted emergency department and were not institutionalized or palliative. CPAP was performed in <24 h/48h in the emergency department that included: conciliation, review of pharmacotherapy and issue of a pharmacotherapeutic recommendations report.

Results

Intervention patients

N=151

Age: 82.9

Sex: 79 male (52.3%) 

Charlson index: 7

Polypharmacy: 142 (94%)

Hyperpolypharmacy: 81 (57.4%)



Pharmacotherapeutic group most frequently associated with PIMs: proton pump inhibitors 64 (11.7%) and vitamins 49 (9.0%)



	Baseline N=151	Discharge N=82	p
Patients with at least one PIM	146 (96.7%)	88 (77.2%)	p=0.015
Number of PIMs	545	307	p=0.082
PIMs/patient	3.58	3.42	
PIM consistent with STOPP-START CRITERIA	138 (91.4%)	57 (47.5%)	p=0.015

Conclusion and relevance

- Nearly all of the patients presented at least one PIM, highlighting a significant safety concern.
- The implementation of CPAP was associated with a significant reduction in PIMs, suggesting a positive impact on pharmacotherapy optimisation. CPAP reduced by almost 50% the number of PIMs consistent with STOPP-START criteria.
- The most common pharmacotherapeutic group associated with PIMs were proton pump inhibitors and vitamins.

