

5PSQ-053: DESIGN OF A PRIORIZATION SYSTEM BY COMPLEXITY OF THE REVIEW IN POLYMEDICATED PATIENTS: POTENTIAL INADECUACY INDEX

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Background and importance: in our health area, which serves 450,000 patients, we have >2,000 polymedicated patients (PP) with >15 drugs/month. For an efficient approach it is necessary to establish some prioritization criteria.





Aim and objectives: To design an index of prioritization based on the inadequacy of the polypharmacy, named Potential Inadequacy Index (PII). Stratify all PP according to the score of the PII through an automated analysis of the prescriptions.

Material and methods: PII is made up of different situations of the pharmacological treatment of PP:

Potential Inadequacy Index (PII)				
Duplicity	1 point			
Low therapeutic value	1 point			
Prescribing cascades	0,5 point			
QT interval prolongation	0,5 point			
Anticholinergic burden	0,5 point			

All PP were stratified according to the PII score:

Degree of complexity	PII punctuation	Revision time
Very low complexity	<1	10 min
Low complexity	1 a <2	15 min
Moderate complexity	2 a <4	30 min
High complexity	4 a <8	90 min
Very high complexity	≥8	160 min

Results

2,258 PP were included, with a mean number of medications per patient of 16.78 (95%CI 14.65-18.79), and the mean PII score was 2.01 (95%CI 1.96-2.06).

Complexity group	Potential Inadequacy Index	N patients	% patients	% Acum
Very low complexity	<1	388	17	17
Low complexity	1 a <2	729	32	50
Moderante complexity	2 a <4	880	39	89
High complexity	4 a <8	228	10	99
Very high complexity	≥8	22	18	100
ΑΙ	0 a 17,5	2247	100	100



Conclusion and relevance

The automated analysis of the prescriptions of polymedicated patients, in search of potential criteria of inadequacy, can facilitate prioritization in the review of patients. The PII can help guide the identification of those patients with the greatest care needs.



