EVALUATION OF THE RELEVANCE OF STATINS PRESCRIPTION IN THE ELDERLY: TOWARDS A DEPRESCRIPTION?

A. DEGARDIN¹, M. MESSAGER¹, N. KEDDARI¹, C. FOURNIER¹.

¹HOPITAL SAINT VINCENT DE PAUL, NORD, LILLE, FRANCE.

Background and importance

Statins effectiveness in reducing cardiovascular risk has been demonstrated in numerous studies.

Nevertheless, the assessment of the benefit/risk balance can favor deprescription.

Aim and objectives

Evaluation of the relevance of deprescribing statins in patients over 75 years old.

Material and methods

- Study design: prospective observational study.
- Study duration : 6 weeks.
- Inclusion criteria: patients over 75 years of age; hospitalized in the departments of cardiology, pulmonology and geriatrics.
- Sample description: Average age: 83 years +/- 5 years, Sex ratio
 M/F: 0,92, Patients status (based on Fried frailty phenotype): Fragile: 39 patients, Robust: 9 patients
- In instances of statin misuse or irrelevance, pharmaceutical interventions (PI) were conducted. These interventions, oral and written, aimed at dosage reduction or complete statin discontinuation.
- Misuse situations included statin use without identified indications or with the presence of adverse effects, drug interactions (DI) or contraindication (CI).
- Discontinuation of statins was implemented either gradually or immediately.

Results Statin indication found and justified: 33 patients No indication 7/9 PI accepted **Included patients** found: 9 PI : 48 patients Irrelevant **Pharmaceutical** prescriptions: 15 intervention CPK < 5 N : 5 patients patients **CPK** elevation 6/6 PI accepted attribuable to the statin: 6 PI **CPK > 5 N:1** patents **Total PI acceptance rate:** Unsuitable 86,7% prescription N: normal biological values 40% Indication not found 60% Pharmaceutical interventions - No PI was about DI or CI. lead to decrease the rate of - After pharmacist intervention on irrelevent irrelevant statins prescription statins prescriptions: from 31,3% to 4,7% **Irrelevant statin prescriptions** - Gradual statin discontinuation: 12/15 Immediate statin discontinuation: 1/15

Conclusion and relevance

- This study confirmed the multidisciplinary interest in reassessing statin indications and promoting deprescription when it no longer aligns with a patient's therapeutic strategy.
- $_{-}$ However, this decision-making is more complicated among hospital professionals not involved in the initial prescription.
- Strengthening the city-hospital link could improve it.
- The absence of standardized protocols is also an obstacle to deprescription.
- Harmonizing practices with the development of a deprescribing algorithm would be an ideal tool to facilitate patient care.
- This algorithm is the subject of a parallel work.





