NONAGENARIANS VERSUS NON-NONAGENARIANS IN THE HIP FRACTURE PATIENT: FROM A PHARMACOTHERAPEUTIC POINT OF VIEW.

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BACKGROUND

Population aging is associated with a major hospitalization rate in nonagenarians; therefore it is necessary to describe them and analyse any

MATERIAL AND METHODS

- Observational retrospective study.
- Inclusion criteria: patients older than 65 years old who were admitted to the hospital from January 2020 to March 2020 because of HF.

peculiarities.

Aim and objetives

To describe nonagenarian's pharmacotherapeutic profile versus non-nonagenarians in a cohort of hip fracture (HF) patients.

- Continuous variables were expressed as medians (interquartile range) or as means (standard deviation).
- Demographic and clinical data were obtained from electronic medical records.
- Numerous variables related to medication were included

Results



- The study included 99 patients (74 % women).
- Mean age in nonagenarians and non-nonagenarians was 93±2,73 and 86,2±6,83 respectively.
- No significance differences were found in the biodemographic and



clinical variables.

- It was only detected that the glomerular filtrate was higher in the non-nonagenarians group (74 (53–85) ml/min vs. 46,5 (36,5–63) ml/min).
- It was detected minor polypharmacy in the nonagenarians group (7,6±2,9 drugs in ≥90 vs. 8,3±3,6 drugs in <90 (p=0,33)).
- The anticholinergic burden (according to Duran and Cols equation) was minor in the nonagenarians group (16,7% with high AC burden vs. 28,5%, p=0,14).
- No differences were found regarding the number of drugs that could increase the risk of a hip fracture (1,5 (1 3) in <90 vs. 2 (1 4) in ≥90).

Conclusions

Comparing nonagenarians and non-nonagenarians, these results demonstrate that >90 patients do not need a

different clinical approach, in contrast with it could be expected in an older population.

Evidencing a renal function deterioration in nonagenarians, it would be necessary an extra vigilance in drugs excreted in this way.







