

POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN OLDER PEOPLE LIVING WITH HIV

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BACKGROUND AND IMPORTANCE

Because of a higher prevalence of non-HIV comorbidities, older people living with HIV (PLWH) are at a higher risk of suffering polypharmacy and potentially inappropriate prescriptions (PIP).

AIM AND OBJECTIVES

To analyse the prevalence of polypharmacy in older PLWH and to detect potentially inappropriate medications (PIM) and potentially omitted medications (POM) in this population.

MATERIAL AND METHODS



How?

- Observational and retrospective study at a third level hospital
- Demographic, clinical and pharmacotherapeutic data were obtained from the electronic medical record and the regional electronic prescription database.
- Polypharmacy was defined as the use of 5 or more chronic drugs.
- High polypharmacy was defined as the use of 10 or more drugs
- PIM and POM were screened using the STOPP-START criteria



When?

1 January 2021-31 July 2021



Inclusion criteria

PLWH aged 65 or older

RESULTS

Patients and treatment characteristics

N = 153 patients (85% men)

Median age: 72 years (IQR 69-76,5)

Median VACS index: 39 (IQR 33-48)

Non HIV comorbidities (median): 5 (IQR 3-6)

Number of chronic drugs (median): 5 (IQR 3-7)

Polypharmacy present in 81% of patients

High Polypharmacy present in 31% of patients

Total number of PIM detected: 185 [at least one PIM or POM was detected in 62% of patients]

Most frequent PIM and POM detected

- 16 different types of STOPP criteria were detected.
- Most frequent STOPP criteria:
 - A1: drug without clear indication
 - D5: chronic benzodiazepine prescription
 - K1: benzodiazepine prescription
 - J3: beta-blockers in diabetes mellitus

- 20 different types of START criteria were detected.
- Most frequent START criteria:
 - E3: calcium and vitamin D supplements in osteoporosis
 - E4: antiresorptive treatment in osteoporosis

The most frequent group of drugs involved in PIP were benzodiazepines

CONCLUSIONS AND RELEVANCE

The prevalence of polypharmacy in our population is higher than observed in similar studies. Our population shows a high incidence of PIM, proving the necessity to implement deprescribing strategies in older PLWH.