

RELEVANCE OF PROTON PUMP INHIBITOR (PPI) TREATMENTS IN 2017 IN TWO GERIATRIC DEPARTMENTS: IMPACT OF A FIRST STUDY IN 2014 ON PRESCRIBING PRACTICES

Groupement Hospitalier de Territoire Plaine de France



Abstract number: 4CPS-004

M. $Rogé^{(1)}$; H. $Marguet^{(1)}$; M. $Minvielle^{(2)}$; F. $Mostefai^{(2)}$; A. $Diallo^{(1)}$; R. $Gervais^{(1)}$ (1) PHARMACY, (2) GERIATRICS - SAINT-DENIS HOSPITAL CENTRE, ILE-DE-FRANCE, SAINT-DENIS, FRANCE

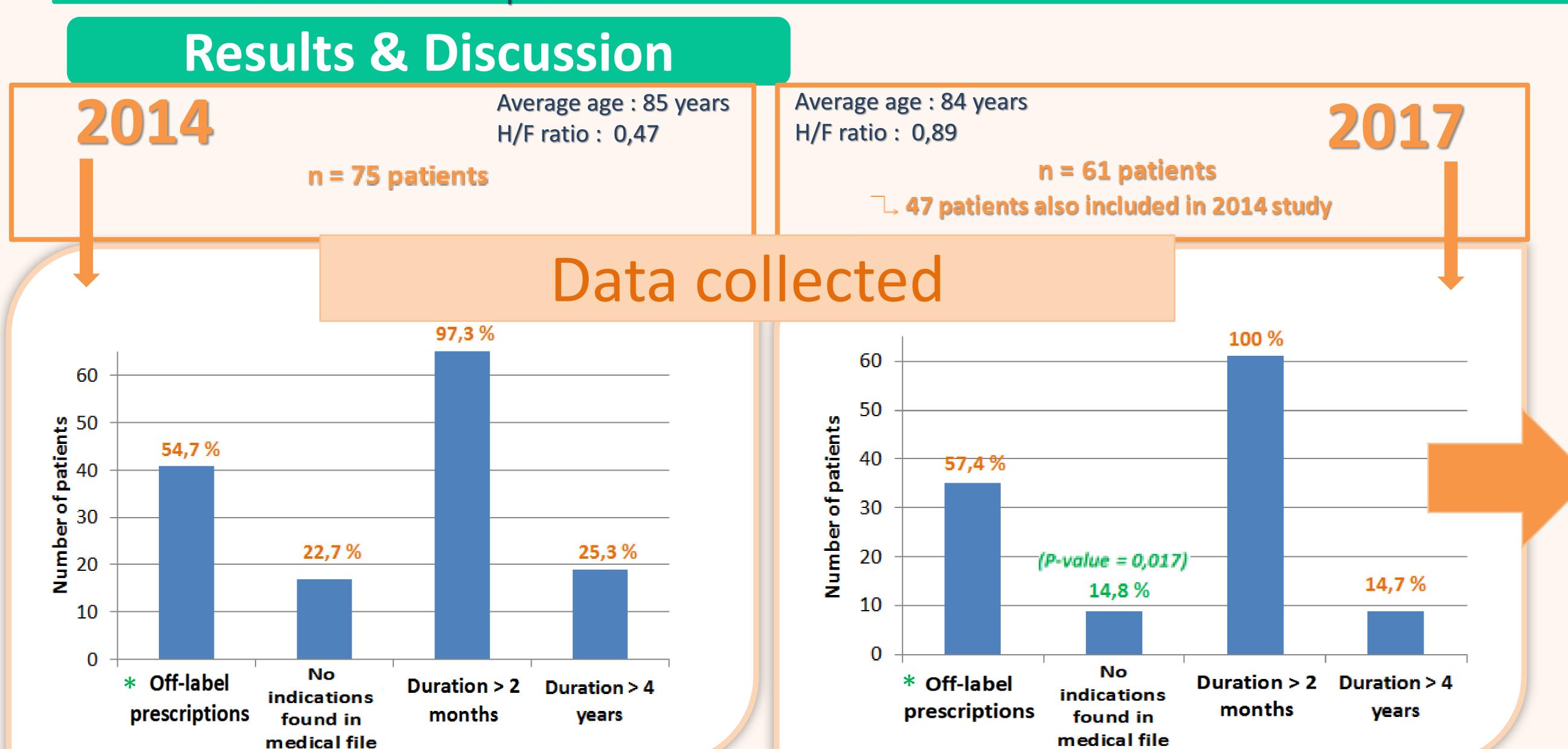
Background & Objectives

Because of their good efficiency and tolerance, PPIs are increasingly over-prescribed. This over-use is alarming particularly among the elderly, with 50% of inappropriate prescriptions. Numerous studies have shown that PPIs are involved in osteoporosis, pulmonary and gastrointestinal infections. Elderly appear to be a prime target of these adverse effects. In 2014, a first observation of PPI prescriptions was conducted in order to re-evaluate prescriptions. After the 2014-study's results, a communication campaign was conducted with prescribers and with the local medicine committee.

The aim of the 2017-study was to evaluate the impact of this action undertaken in 2014, on PPIs prescriptions in 2017.

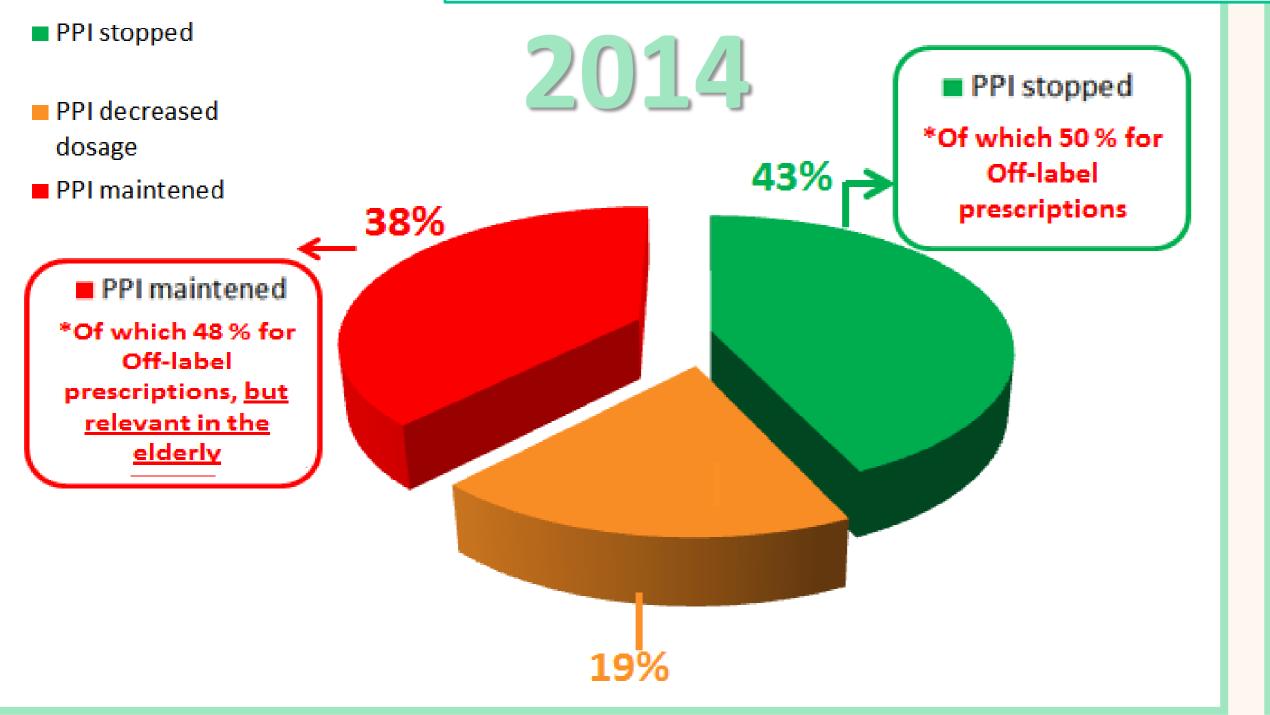
Material & Methods

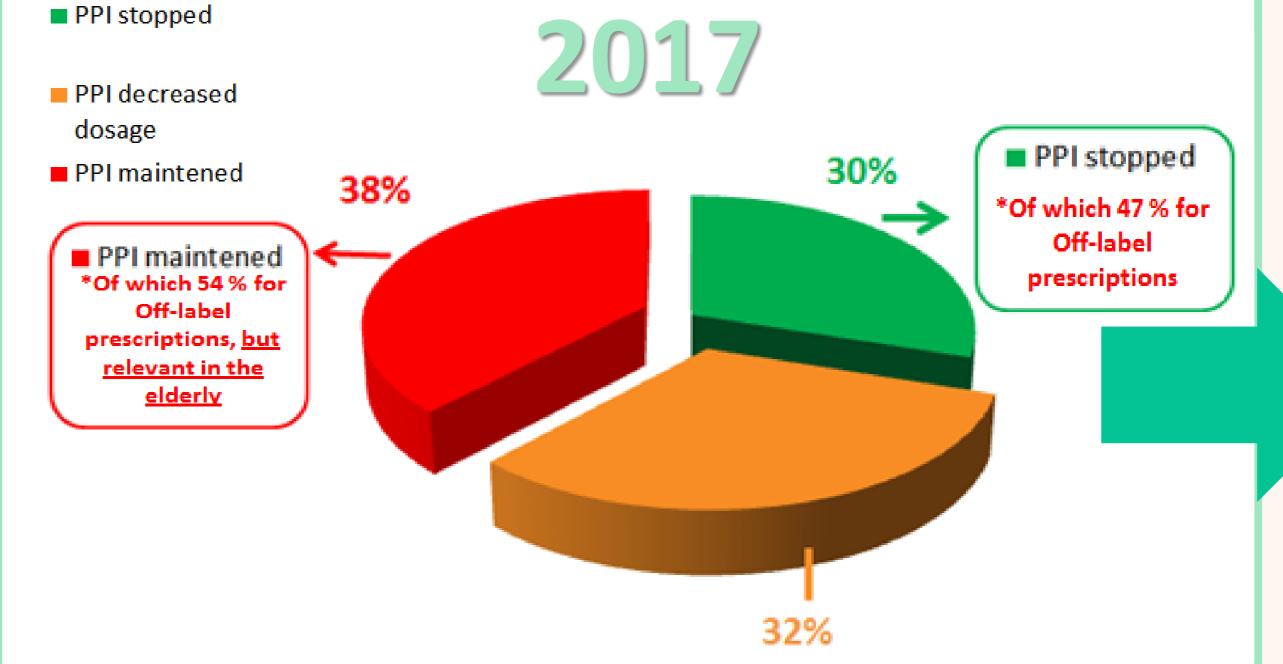
This was a one-day study performed in 2 geriatric departments. Patients undergoing PPI in 2017 were included in this study. Age, gender, dosage, indication and duration of treatment were recorded. Inappropriate prescriptions were reviewed in collaboration with prescribers.



* Based on the latest recommendations of PPI prescriptions in adults HAS 2009

After the review with geriatricians





The proportion of **no** indications found in medical file was significatively lower in 2017 than in 2014 (p=0,017).

For the other data, the differences are not significant, but between 2014 and 2017, we can note the trend towards decreasing PPIs prescriptions and reducing the duration of treatment beyond 4 years.

The stable rate of inappropriate prescriptions show that it's complicated to rely on "adults recommendations of PPIs prescriptions ". There is a need to take into account the specificities of elderly and make them specific recommendations.

This study show that prescribers are more tend to decrease dosages in 2017 than in the first study.

But it seems difficult for geriatricians to stop definitively the use of PPIs.

Because despite inappropriate prescriptions in light of the latest recommendations, they are nonetheless relevant for the elderly.

Conclusion

PPIs prescriptions are often prescribed longer than recommended and sometimes without any indications. Our study allowed to reassess PPIs and to assess the sensitivity of geriatricians on their good-use. She highlights the lack of new recommendations since 2009 and the need to make specific ones for the elderly.