



ANALYSIS OF POLYMEDICATION AND APPROPRIATENESS RECOMMENDATIONS IN PATIENTS WITH MULTIPLE SCLEROSIS

M.D.M. Sánchez Suárez, A. Martín Roldán, M.R. Cantudo Cuenca, L. Martínez-Dueñas López-Marín, A. Jiménez Morales
HOSPITAL UNIVERSITARIO VIRGEN DE LAS NIEVES, PHARMACY SERVICE, GRANADA, SPAIN.

Background and importance

Multiple sclerosis (MS) population has been aging in parallel to the increasing life expectancy of the general population. This could be related to potentially inappropriate medication prescriptions, drug-drug interactions and therapeutic non-adherence.

Aim and objectives

Determine the prevalence of polymedication in a MS population aged 55 years or older and provide therapeutic recommendations to adjust treatment of the patient.

Material and methods

Observational  Cross-sectional  December 2022 to February 2023

Patients over 55 years of age with MS at a tertiary level hospital.



Variables collected

- Age, sex, date of MS diagnosis
- Type of MS and the Expanded Disability Status Scale(EDSS)
- Medication
- Polypharmacy (5 or more drugs)
- Major polypharmacy(10 or more drugs)
- Anticholinergic burden
- Potentially inappropriate medication
- Drug-drug interactions(Lexicomp® database)
- Non-adherence to concomitant medication

Statistical analysis

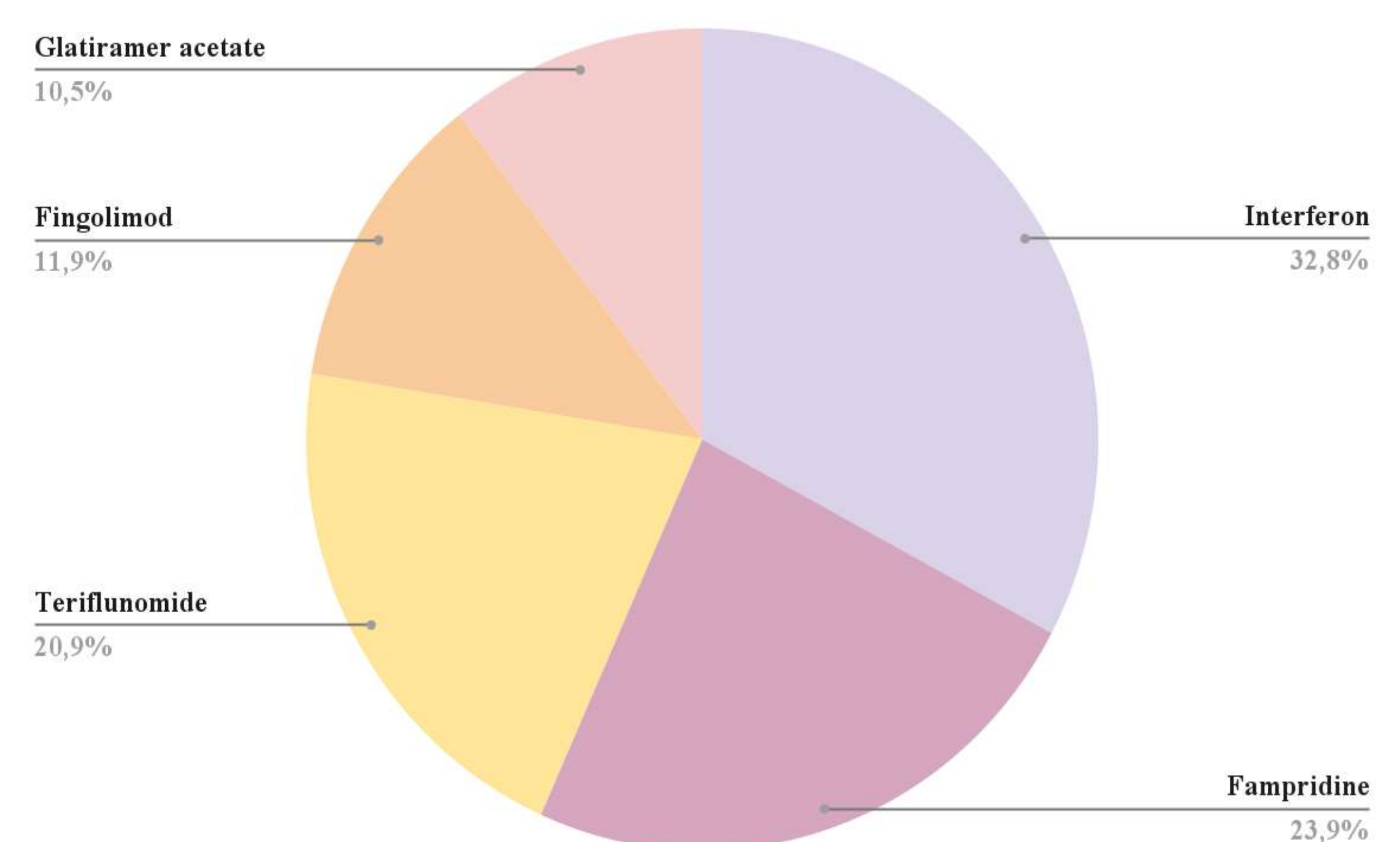
R Commander® software

Results

95 MS patients aged 55 years or older were included. 68.4% were women.

- Median age: 61 years (IQR 58-65).
- Median age at the diagnosis: 45.2 years(IQR 38,5-50,2).
- Type MS: recurrent remitting(71.6%), secondary progressive(19%) and primary progressive(9.4%).
- Median EDSS scale: 2(IQR 1-3).
- Median number of drugs concomitant with MSD: 6(IQR 3-9). Polypharmacy 68.4%. High treatment complexity index 40%.
- Non-adherence to concomitant medication: 84.4% of patients
- Drug-drug interactions: 56.2%(83.8% category D and 16.2% X).
- Anticholinergic load: no risk 20%, moderate risk 22.1% and high risk 57.9%

Most frequent disease-modulating drugs



Pharmaceutical interventions carried out: 20 interventions in 17 patients (17.9%). The potentially inappropriate medication criterion was responsible for 11 interventions, non-adherence for 7 and interactions for 2. Of the 11 interventions on inappropriate medication criteria, 9(81.8%) were accepted, resulting in the discontinuation of 15 drugs that were appropriately prescribed.

Conclusions and relevance

Polypharmacy plays a very important role in adult MS patients as it is associated with a higher prevalence of inappropriate medication prescriptions, drug-drug interactions and therapeutic non-adherence.