4CPS-020

COMPARISON OF DEPRESCRIBING STRATEGIES: LESSCHRON CRITERIA VERSUS THE GOOD PALLIATIVEGERIATRIC ALGORITHM IN A NURSING HOME

ATC 1
Questionnaire
survey of medical
personnel





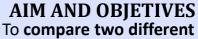
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BACKGROUND

Polypharmacy and the use of potentially inappropriate medication are frequent in nursing home and are associated with adverse health outcomes. **Deprescribing** has been proposed as a way to curtail problem; however, the best way to implement deprescribing and its real impact are still **unclear**



deprescribing strategies and to assess the **impact** of their application in a nursing home



DESIGN AND INTERVENTION

- ✓ Quasi-experimental study of pre-post design in a nursing home july- september 2020
- ✓ The pharmacist applied the LESS-CHRON criteria (LCs) and the good Palliative-Geriatric algorithm (gPG) to the same population to asses the differences.
- ✓ The recommendation of deprescription was made to the physician.



INCLUSION CRITERIA

- inpatients aged > 65 years
 and
- ->5 medications

MATERIAL AND METHODS

MAIN VARIABLE

- ✓ The impact on the average number of medications per patient according to the strategy used if all the interventions were accepted.
- ✓ The reduction of LCs was evaluated.

RESULTS



Acceptance of all interventions would have meant a reduction of 1.27 medications per resident on average applying the gPG versus a reduction of 1.03 according to the LCs

LCS:

- ≥28 detected in 17 different residents.
- ➤32.1% involved cardiovascular system (55.5% regarding antihypertensives) and 28.5% nervous system.
- ➤ Eight of the 28 proposed interventions were accepted, reducing the number of LCs by 28.5%.

gPG algorithm:

- ▶21 recommendation were added resulting in a total of 49 in 25 patients.
- ▶Of these 21, 80.9% were aimed at suspending drugs not included in the LCs and 14.2% at reducing doses.
- ➤66.6% of the proposed interventions were accepted. Encompassing the two strategies, 44.8% of the interventions carried out were accepted.

CONCLUSION AND RELEVANCE

The LCs are a tool to help deprescription in people with multimorbidity, especially those related to the **cardiovascular system**; However, it is necessary to validate whether they are useful in patients with a **longer life expectancy**, where an algorithm such as gPG may be preferable.

REFERENCES: