

DEPRESCRIBING ORAL IRON IN ELDERLY PATIENTS: EXPERIENCE FROM A NURSING HOME ASSOCIATED WITH A THIRD LEVEL HOSPITAL

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AIM AND OBJECTIVES

To identify potentially inappropriate prescriptions (PIP) for oral iron in institutionalized elderly patients in a nursing home, as well as describing the deprescribing process in consensus with the center's medical team.

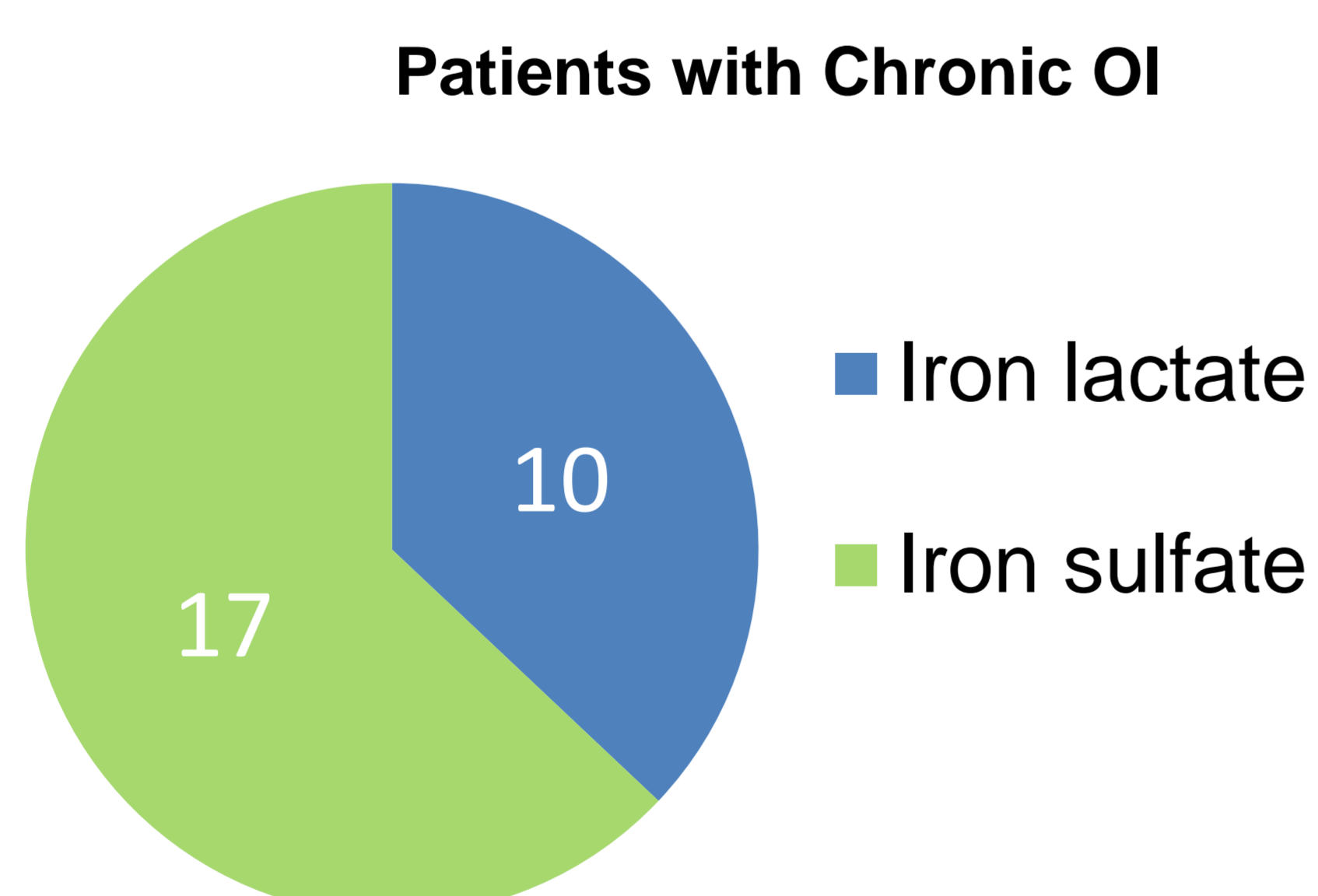
MATERIALS AND METHODS

Demographic, clinical, analytical and pharmacological variables were collected from all patients undergoing oral iron treatment at the center under our care. The SELENE® medical record and the MIRA® electronic prescription were used for data collection.

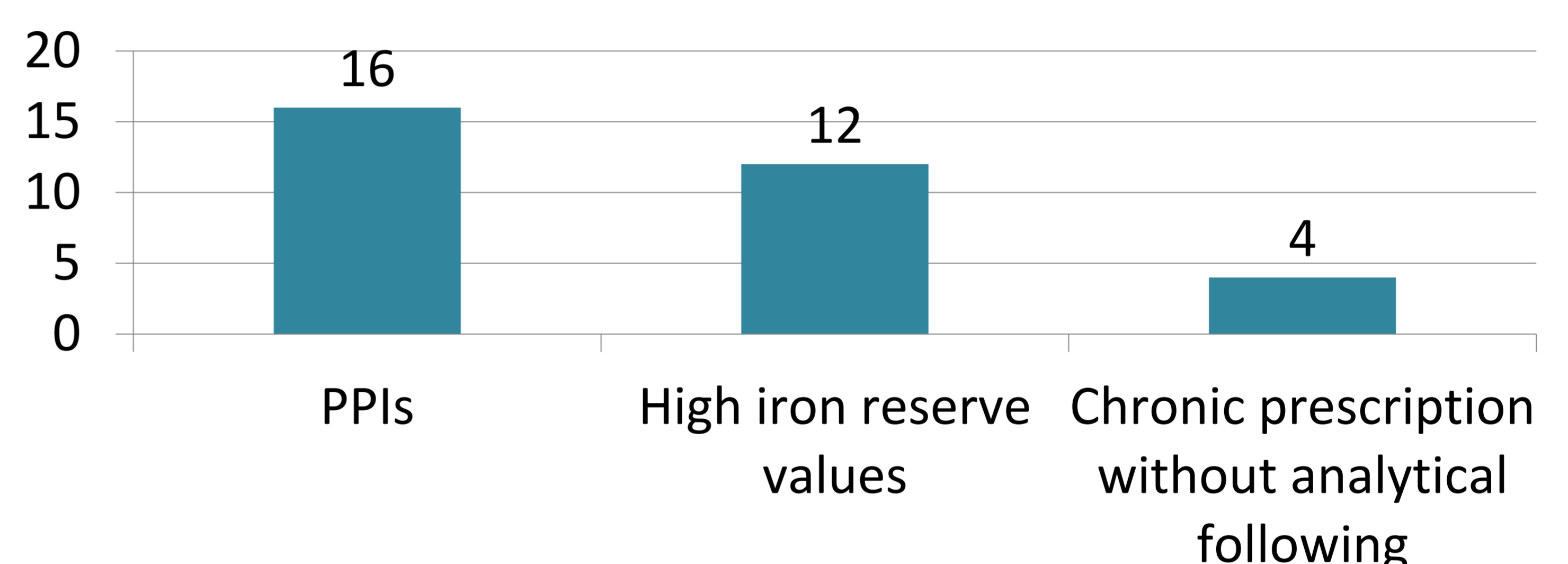
Chronically prescribed treatments without evidence of iron deficiency anemia and non-iron deficiency analytical profile in elderly patients (Hb>12 g/dL, ferritin>100 ng/ml) were ruled as cut-off points for PIP. Data was collected prior to and three months after the intervention.

RESULTS

Out of the 129 institutionalized patients, 27 patients (21%) followed a chronic treatment with different presentations of oral iron (OI). With a median age of 88 years old, the majority (74%) were women. 56% of the patients in treatment had chronic constipation, possibly exacerbated by oral iron.



Out of the 27 patients with OI:



We proposed to the medical team to study the possibility of suspending OI treatment in those 12 patients with high iron reserve values, as well as assessing those 4 without previous blood tests, and to reevaluate after 3 months. The pharmaceutical deprescribing recommendation was accepted in 10 patients (63%).

Three months after the withdrawal, 4 patients had normal values of iron reserve tests, 3 were deceased, 2 had no analytical data, and one patient restarted a 3-month course of OI treatment due to low iron.

CONCLUSION AND RELEVANCE

Oral iron treatments are prone to inadequate and chronic prescription; these drugs commonly cause gastrointestinal adverse effects, especially in this group of patients. Deprescribing efforts by pharmacists in a nursing home as part of a multidisciplinary team is an effective way of optimizing treatment in polymedicated and elderly patients.