

# AGING WITH HIV: OPTIMISING PHARMACOTHERAPY BEYOND INTERACTIONS

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## Background

Pharmacotherapeutic **complexity** and potentially inappropriate medication (**PIM**) **negatively affect** therapeutic goals in HIV+ adult patients and increase frailty and fall-risk. POINT study carried out in Spain in 2017 alerted of **polypharmacy, pharmacotherapeutic complexity and low adherence** in HIV+ adults.

**Objective:** To describe treatment complexity, fall-risk-increasing drugs (FRIDs) burden, and presence of PIM in middle-aged and elderly HIV+ patients of our clinical setting.

## Methods:

Design: Observational, cross-sectional study (April 2018)

Setting: referral hospital for HIV infection of our region

Data collecting: Age, gender and active chronic medication

Target: patients aged  $\geq 45y$ .

Exclusion criteria: no medication information available in electronic clinical history

Variables:

**a)** overall treatment complexity and complexity due to concomitant one (MRCI-E tool)

**b)** FRIDs (antipsychotics, antidepressants, benzodiazepines, loop diuretics, opioids, antiepileptics and polypharmacy, according to the Systematic Review and Meta-Analysis of the EUGMS Task and Finish Group on FRIDs)

**c)** anticholinergic drug burden (DBI score)

**d)** STOPP criteria.

Polypharmacy:  $\geq 5$  medications (Fix-dose combinations were counted as one drug)

## Results

143 HIV+ patients.

Median age: **54y** [IQR 50-58]; **65.7% male**

-Antiretroviral treatment (ART): **100%**

-Concomitant non-ART drugs: **92.3%**

- $\geq 1$  FRID: **57.3%** ( $\geq 1$  benzodiazepine: **35.7%**)

- $\geq 1$  anticholinergic drug: **49.7%**

- $\geq 1$  STOPP criteria: **38.4%**

Pharmacological profile		Median	Range
<b>Total chronic drugs (ART+non-ART)</b>	<b>n=143</b>	<b>4</b>	<b>1-17</b>
ART	100%	2	1-5
Non-ART	92.3%	3	1-14
$\geq 5$ non-ART	28%	7	5-14
<b>Overall complexity (ART+ non-ART) (points)</b>	<b>n=143</b>	<b>8</b>	<b>2-38.5</b>
ART complexity	100%	3	2-12.5
Non-ART complexity	92.3%	5	0.5-32
% non-ART complexity/overall	92.3%	63.6%	11.1-94%
<b>Number of FRIDs/patient</b>	<b>n=82</b>	<b>2</b>	<b>1-5</b>
Benzodiazepine	35.7%	1	1-2
<b>Anticholinergic drug burden (DBI points)</b>	<b>n=71</b>	<b>0.75</b>	<b>0.2-3.46</b>
High-risk DBI score ( $\geq 1$ )	23.1%	1.58	1.05-3.46
<b>Number of STOPP criteria</b>	<b>n=55</b>	<b>1</b>	<b>1-3</b>

## Conclusion

The impact of non-HIV drugs to overall pharmacotherapeutic complexity, and the frequent use of PIM in patients  $\geq 45y$  justifies the need for periodical reassessment of the treatment in order to optimize adequacy and benefit/risk balance

## References/Acknowledgements

POINT study [https://ejhp.bmj.com/content/25/Suppl\\_1/A249.2](https://ejhp.bmj.com/content/25/Suppl_1/A249.2)

