

APPROPRIATENESS OF PHARMACOTHERAPY IN NURSING HOMES: PHARMACY AND GERIATRICS SERVICES COORDINATION PROJECT



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BACKGROUND AND IMPORTANCE

Potentially inappropriate prescriptions (PIPs) in elderly persons lead to increased morbidity and mortality, greater number of hospital admissions and use of healthcare resources. The periodic clinical review of the prescriptions is necessary to adapt the pharmacotherapy to the current situation of the patient, being essential the incorporation of the pharmacist in the multidisciplinary team.

OBJECTIVES

Appropriateness of pharmacotherapy (AP) and analysis of the interventions carried out in elderly patients from nursing homes (NHs) with polypharmacy.

METHODS

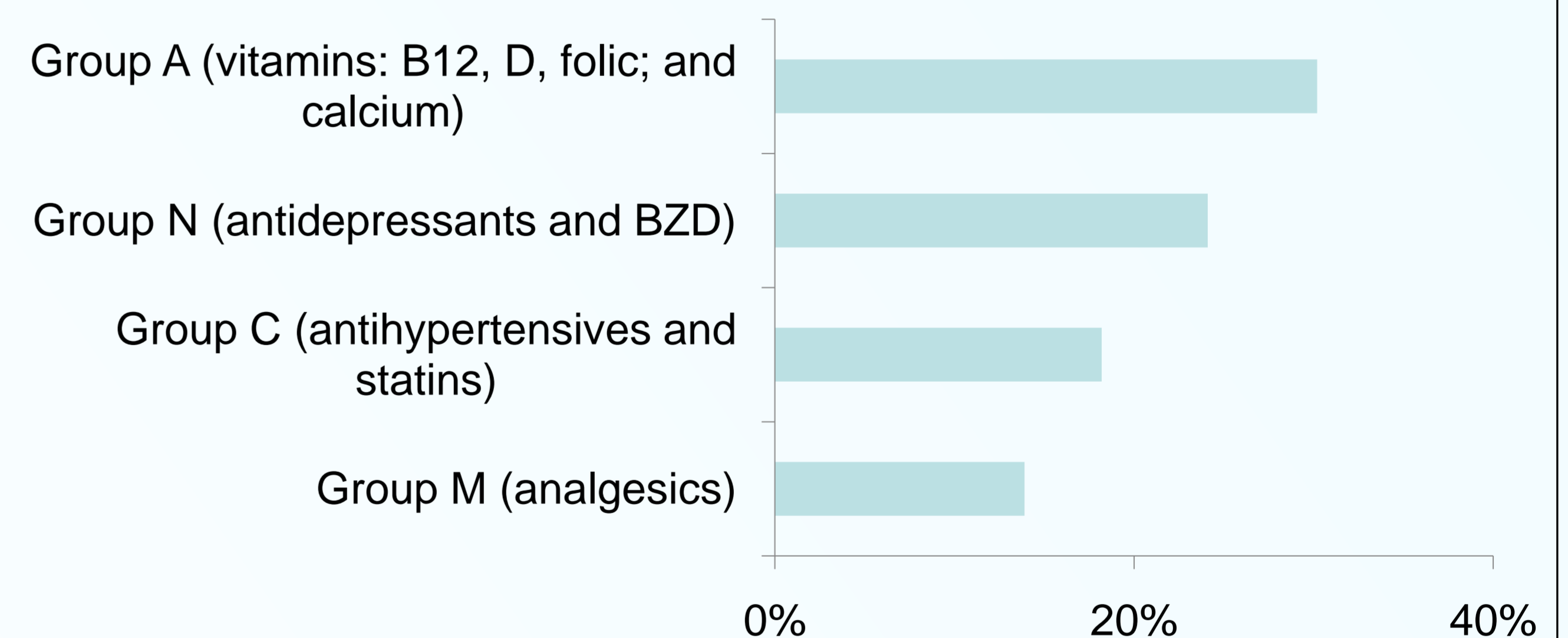
Prospective study was carried out from October/2020 of a program of AP in polymedicated patients of NHs, through the implementation of a project for the coordination of Geriatrics, Pharmacy and NHs from a university hospital. The pharmacist carried out a pharmacotherapeutic review of the active prescriptions of the patients, subsequently prepared an individualized report with proposals at therapeutic optimization and sent it to the geriatrician for evaluation. PIPs were identified by explicit/implicit criteria (STOPP/START, BEERS, LESS-CHRON, MAI) and CheckTheMeds® software, and were classified according to the Third Granada Consensus on Medication-Related-Problems (MRPs).

The economic impact was calculated from the direct costs of the discontinued drugs.

RESULTS

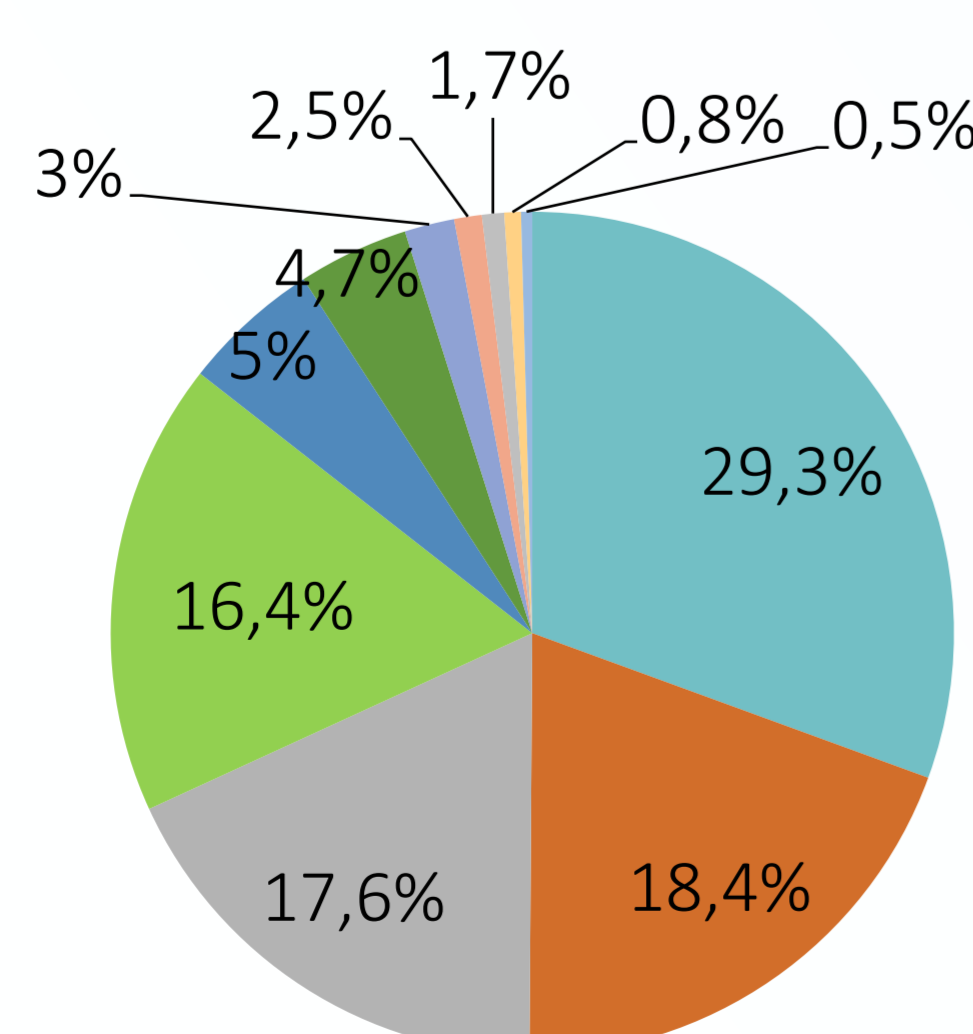
- 102 patients were revised with feedback from 10 NHs
- Median age 88 years (IQR:84-93).
- 74.5% women
- Average of pathologies per patient: 8
- Median of prescribed drugs: 13 (IQR:11-15)
- 38% (495) prescriptions with possible MRPs
- 41% corresponded to PIPs according to STOPP/BEERS or LESS-CHRON criteria
- 81% of the detected MRPs have been intervened (degree of acceptance of 73%)

Main Therapeutic Groups

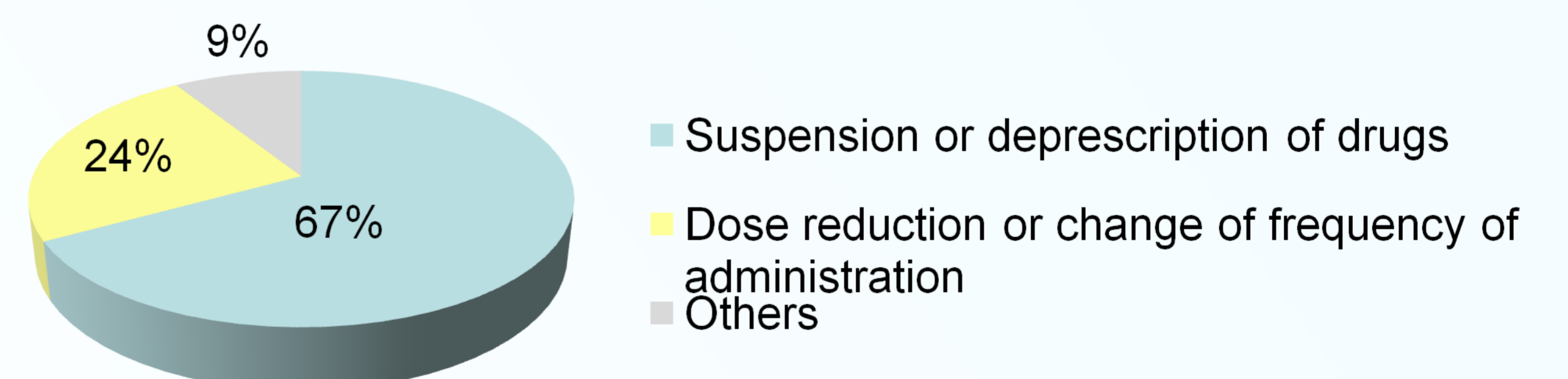


Medication-Related-Problems (MRPs)

- Unfavorable risk-benefit
- Probability of adverse events
- Duplication
- Diagnosis/symptom insufficiently treated
- Drug not effective
- Prescribing error/Interaction
- Inadequate duration of therapy
- Inadequate dose/ regimen
- Medication not indicated
- Contraindication
- Low therapeutic utility drugs



Main Interventions



✓ 23% reduction in the number of drugs prescribed/patient

✓ Economic saving of 2550€/month and 15700€/6 months

CONCLUSION AND RELEVANCE

Deprescription strategy in our NHs has been efficient, since a high number of interventions with a high degree of acceptance have been detected. AP supposes great support to clinicians, promoting the rational use of the drugs.