# POTENTIALLY INAPPROPIATE MEDICATIONS AND POTENTIALLY PRESCRIBING OMISSIONS IN OLDER PEOPLE LIVING WITH HIV

Fernández-Fradejas J<sup>1</sup>, Vélez-Díaz-Pallarés M<sup>1</sup>, Delgado-Silveira E<sup>1</sup>, Guijarro-Martínez P<sup>1</sup>, Rodríguez-Tierno S<sup>1</sup>, Rodríguez-González C<sup>2</sup>, Martínez-De la Torre F<sup>3</sup>, Martínez-Nieto C<sup>4</sup>, González-Burgos E<sup>5</sup>, Álvarez-Díaz AM<sup>1</sup>

<sup>1</sup> Hospital Universitario Ramón y Cajal. Instituto Ramón y Cajal de Investigación Sanitaria (IRYCIS), <sup>2</sup> Hospital General Universitario Gregorio Marañón, <sup>3</sup> Hospital Universitario 12 de Octubre, <sup>4</sup> Hospital Universitario Infanta Sofía <sup>5</sup> Facultad de Farmacia. Universidad Complutense de Madrid

## BACKGROUND AND IMPORTANCE

Older people living with HIV (PLWH) are more likely to be at risk of drug related problems, including potentially inappropriate medications (PIMs) and potentially prescribing omissions (PPOs)

## AIM AND OBJECTIVES

- To determine the prevalence of PIMs and PPOs in older PLWH.
- To identify the main groups of medications involved in PIMs and PPOs.

# **CONCLUSION AND RELEVANCE**

- Three quarters of older PLWH included in our cohort present PIMs or PPOs.
- The main group of drugs involved in PIMs and PPOs are benzodiazepines and vaccines.
- Comprehensive medication review is essential to optimize pharmacotherapy and prevent drug related problems in this population.

## MATERIAL AND METHODS



## Study design

Cross-sectional, observational, multicentre study at four hospitals from Madrid (Spain) between 1 September 2021 and 31 December 2021.



## Inclusion criteria

Older PLWH (aged 65 or older) who were on active antiretroviral treatment (ART).



#### Data collection

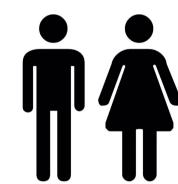
 Both Demographic, clinical and pharmacotherapeutic data were obtained from electronic medical records.



## Polypharmacy and PIM/PPO assesment

- Polypharmacy: use of 5 or more chronic drugs (including ART).
- PIMs/POMs: identified using STOPP-START criteria v2 (*O'Mahony et al.*, 2015).

#### RESULTS



### Patients and comorbidities

- N = 100 older PLWH (83% male)
- Age (mean) 73.1 (SD 6)
- VACS index (mean) 40.8 (SD 11)
- Non HIV comorbidities (mean) 4.3 (SD 2)



## Pharmacotherapy and polypharmacy

- Chronic drugs (excluding ART) mean 8.5 (SD 3.4)
- Polypharmacy: 92%

## Prevalence of potentially inappropiate prescriptions and potentially prescribing omissions

- A total of 124 PIMs and 119 PPOs were identified
- Global prevalence 75% (PIMs 53%, PPOs 68%)

#### **STOPP** criteria

Seventeen different categories were identified. Most frequent:

- A1: drug without indication (n=51, 41.1%)
- **D5:** chronic benzodiazepine use (n=20, 16.1%)
- **K1-4:** benzodiazepines and Z-drugs as a risk factor for falls (n=20, 16.1%)

### **START** criteria

Twenty different categories were identifed. Most frequent:

- **I1-I2:** influenza and pneumococcal vaccine (n=56, 47%).
- **E4:** bone antiresorptive or anabolic therapy in osteoporosis (n=10, 8.4%)
- **G2:** 5- $\alpha$  reductase inhibitor in symptomatic prostatism (n=8, 6.7%)









