



PROFILE OF ELDERLY PATIENTS AT HIGH FALL RISK AND POLYPHARMACY IN THE EMERGENCY DEPARTMENT

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BACKGROUND AND IMPORTANCE



Polypharmacy and falls are associated with increased **morbidity and mortality**, most of which are preventable.

AIM AND OBJECTIVE



To identify the association between **grade of polypharmacy and falls**, and to obtain an index that allows rapid selection of patients who consult for falls in Emergency Department(ED) and who could benefit from a medication review with the pharmacist to prevent new falls.

MATERIAL AND METHODS

Retrospective observational study in which patients **≥75 years** admitted to the ED codified as "fall".



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Analyzed characteristics:



Median number of drugs prescribed (**polypharmacy** [≥5 drugs] and **extreme polypharmacy** [≥10 drugs]).

Main variable

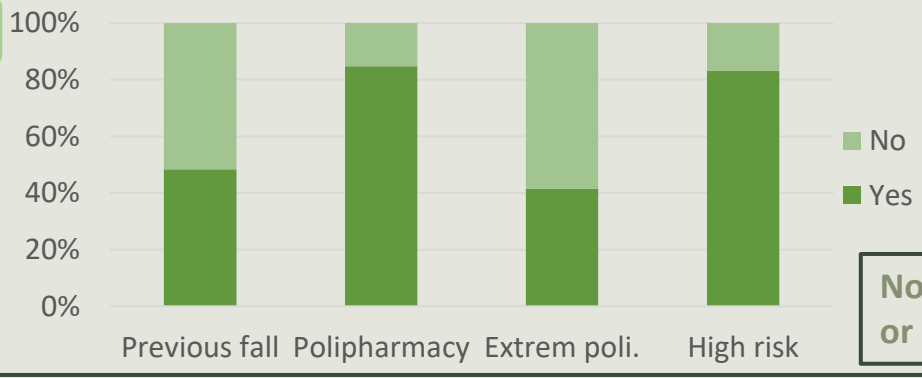
Risk of falls regarding patient pharmacotherapy (FPc), calculated by obtaining a sum where each drug in the following groups contributed one point: tranquilizers-sedatives, diuretics, hypotensives, antiparkinsonians, antidepressants, opioids, neuroleptics, and first-generation antihistamines drugs.

A value **≥ 2** was classified as **high fall risk**.

The **secondary variables** were the association between sex, age, previous falls, polypharmacy and high-FPc. Data were obtained from the electronic-medical records. Statistical methods employed were Chi-square-test, Cramer's-V, and odds ratio(OR). IBM-SPSSv.26.

RESULTS

118
patients
76.3%
female



Median FPc **3**

The OR for high fall risk was **23 times higher** for polypharmacy patients

No association FPc and age or sex (p=0.6), (p=0.9).

Association of FPc with previous falls (p=0.028), polypharmacy (p<0.001) and extreme-polypharmacy (p=0.002).

CONCLUSION

There is an association between **polypharmacy** and **falls**. Most patients had **polypharmacy** and were also classified as **high fall risk** with our index tool. Our pharmacological stratification tool seems to associate positively high fall risk with polypharmacy.