

# 5PSQ-049: STARTING POINT TO PROMOTE A POTENTIALLY INAPPROPRIATE PRESCRIPTION ASSESSMENT PROJECT



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## BACKGROUND AND IMPORTANCE

- **Potentially inappropriate prescriptions (PIPs)** in polymedicated elderly patients are related to adverse drug reactions, hospitalization, increased hospital stay and higher healthcare costs.
- In our environment, a system or a department to detect and analyze these PIPs is not available.

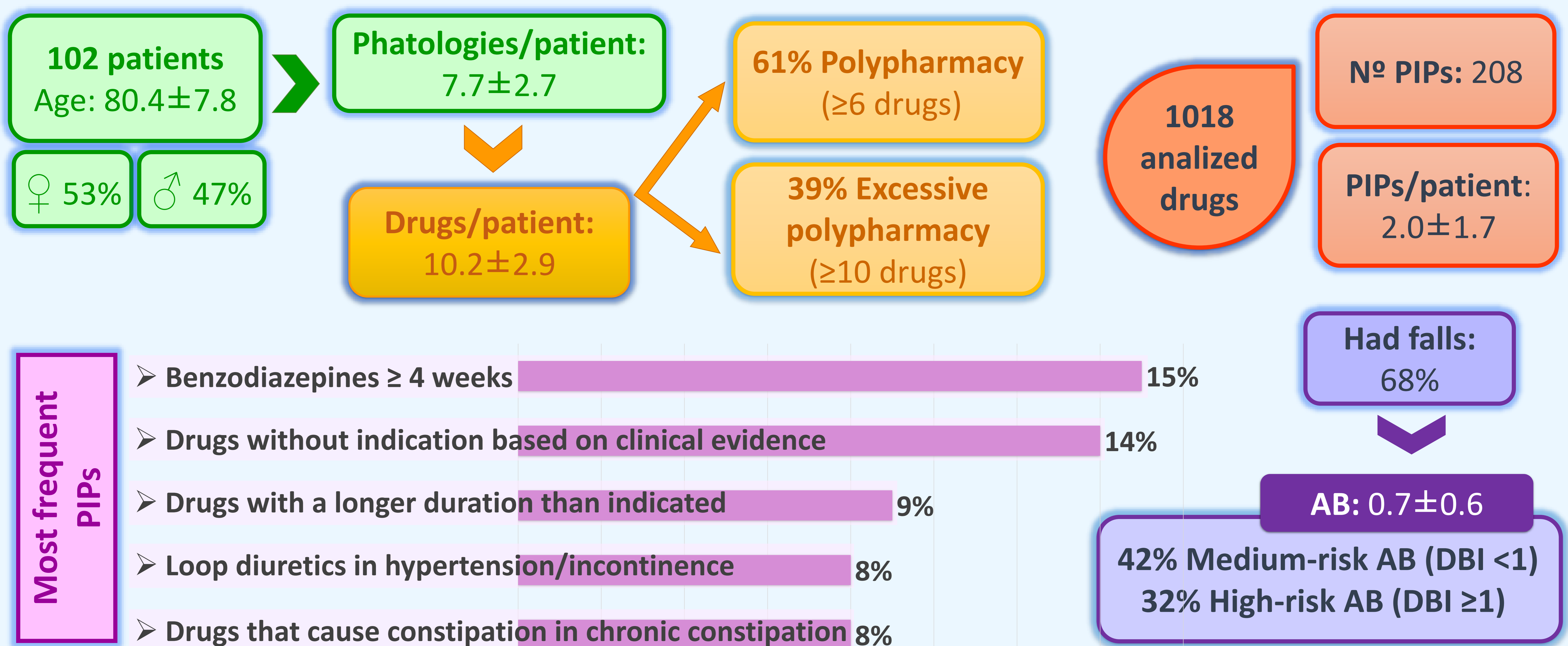
## AIM AND OBJECTIVES

- To evaluate the **prevalence** and **type of PIPs** at hospital admission to assess whether the implementation of **pharmaceutical intervention strategies** in this population is useful and which ones would be the most efficient.

## MATERIALS AND METHODS

- Cross-sectional descriptive observational study. Patients over 65 years of age treated with  $\geq 6$  chronic drugs admitted to a tertiary hospital from 10<sup>th</sup> to 16<sup>th</sup> of May 2021 were included.
- Demographic and clinical variables were recorded: age, sex, background, pharmacological ambulatory treatment, **history of falls**, **nº and type of PIPs detected** and **anticholinergic burden (AB)**.
- To identify PIPs, the Screening Tool of Older Persons Prescriptions (**STOPP criteria** - 2014 edition Spanish version) was selected. Due to the lack of e-tools, 121 criteria could not be manually analyzed in every patient, so a bibliographic search was carried out to select the 20 STOPP criteria most frequently reported in the literature. Anticholinergic burden was calculated with the **Drug Burden Index (DBI)**.

## RESULTS



## CONCLUSION AND RELEVANCE

- PIPs are quite prevalent in our environment. Having tools for the systematic detection of PIPs would be very useful. These data suggest that developing a **multidisciplinary pilot project**, led by a pharmacist, to intervene in patients at highest risk and therefore contribute to improving the quality and safety of drug prescription would be beneficial.