

OMEPRAZOLE DEPRESCRIPTION PROJECT

IN A SOCIAL HEALTH CENTER WITH A DEPOSIT OF MEDICINES

ASSOCIATED WITH A HOSPITAL PHARMACY SERVICE.

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OBJECTIVE:

- Analyze the adequacy of omeprazole treatment in institutionalized elderly patients in a social health center.
- Recommend deprescription or dose reduction in susceptible patients.

MATERIAL AND METHODS:

Review by the pharmacy service of all patients treated with omeprazole in the social health center.

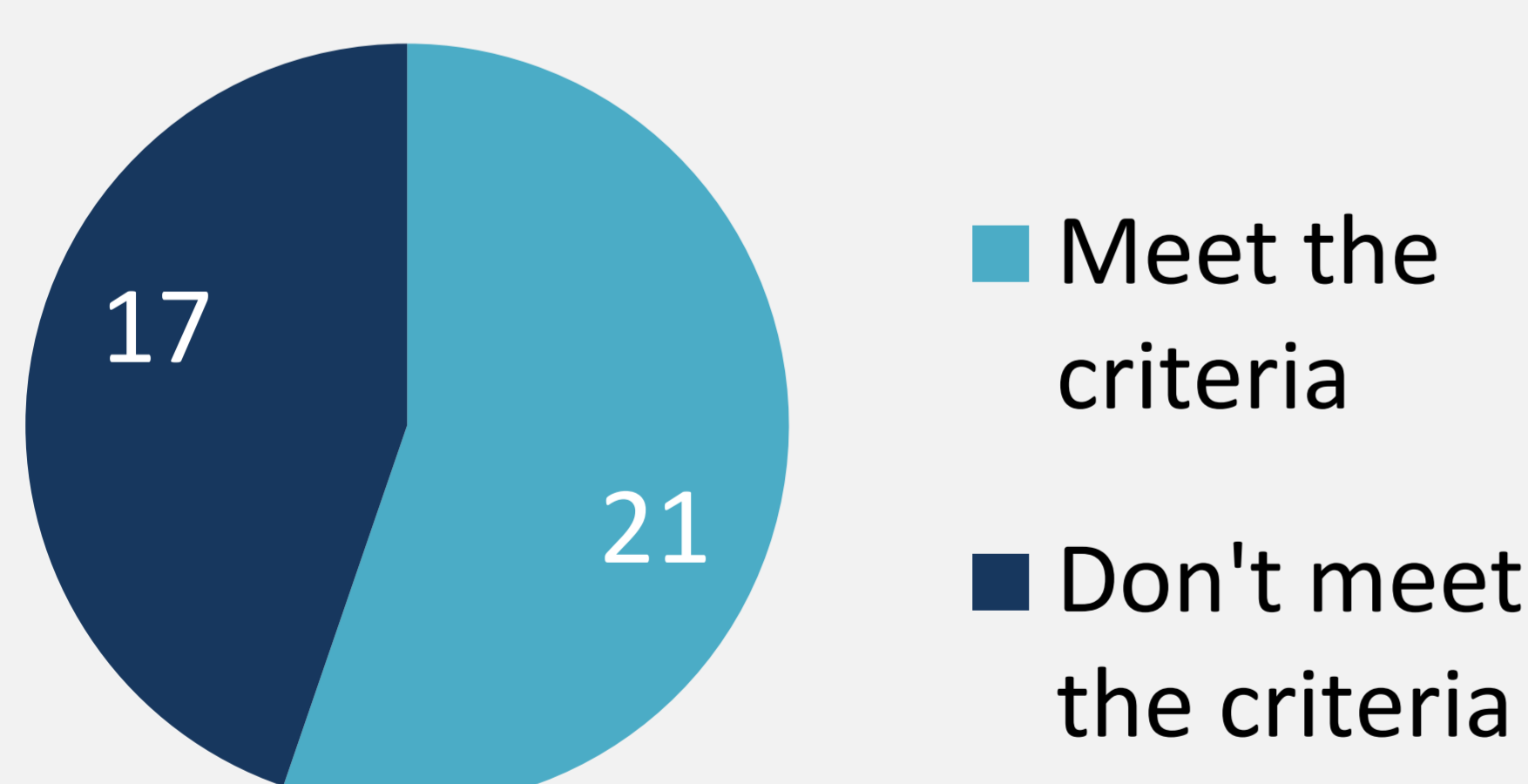
Data were obtained anonymously. Were collected: age, sex, dose, duration of treatment, indication, concomitant medication and interactions.

Risk factors for bleeding were also analyzed in patients older than 65 years

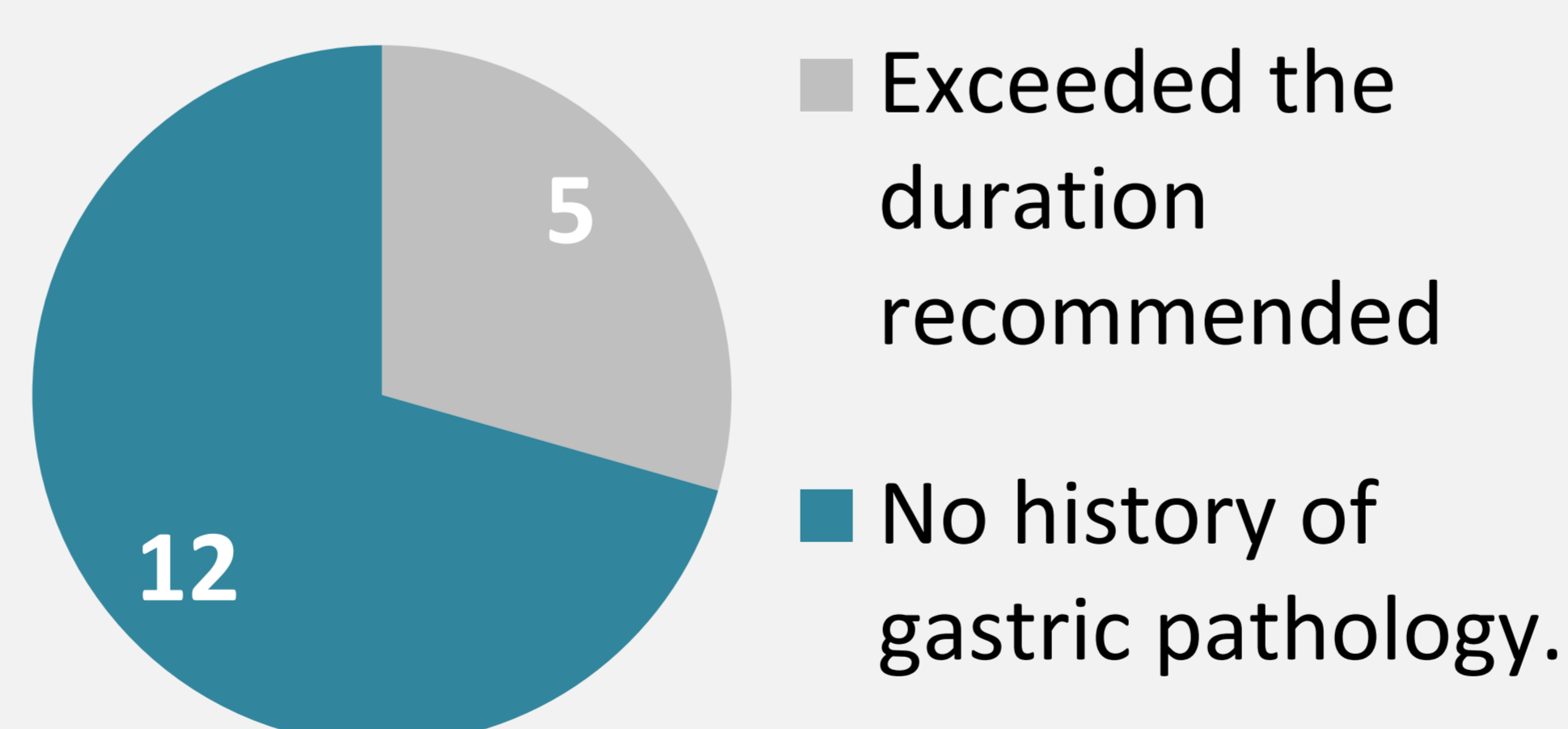
Deprescription criteria were: no indication, excess duration of treatment or absence of gastrolesive drugs that justify the association of omeprazole.

RESULTS:

38 patients were being treated with omeprazole:



Of the 17 patients:



Regarding potentially gastrolesive medication: 7 patients (41.2%) with NSAIDs, 5 (29.4%) with SSRIs and 2 (11.7%) with acenocoumarol, but none of them were being treated with acetylsalicylic acid or with associations of high risk of bleeding, so the use of omeprazole was not justified

One month after, 35.3% (6/17) had been accepted, suppressing omeprazole from treatment in 5 cases and reducing to a minimum dose in 1 case.

CONCLUSIONS:

- Omeprazole is a well-tolerated drug, but in prolonged treatment it can cause serious problems, so its evaluation is decisive to correct a possible misuse of the drug.
- The analysis carried out reveals that 45% of the center's patients do not meet the appropriate criteria for the use of omeprazole.