

# PREVALENCE OF POTENTIALLY INAPPROPRIATE PRESCRIPTIONS IN INSTITUTIONALISED AND NON-INSTITUTIONALISED ELDERLY PATIENTS

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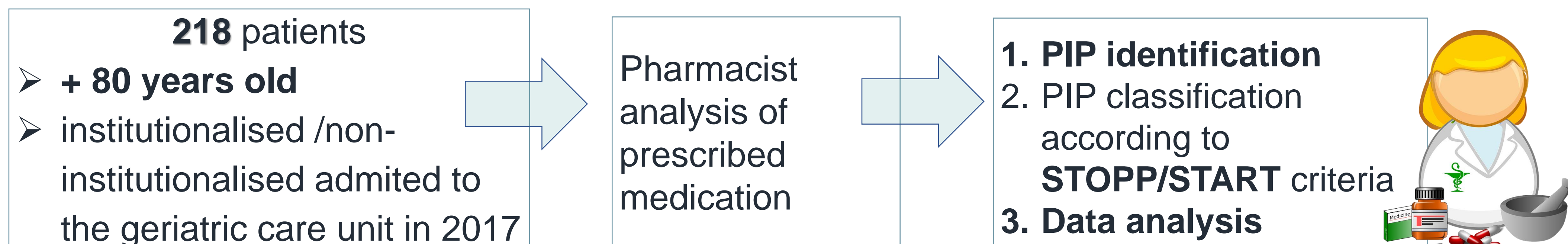
## BACKGROUND

- **Potentially Inappropriate Prescriptions (PIP)** cause an elevated number of hospital admissions in multipathological polymedicated geriatric patients.
- A significant percentage of elderly patients live in nursing homes where pharmacological treatments should have greater control than in the case of **Non-institutionalised Elderly Patients (Non-IEP)**.

## PURPOSES

1. To compare the **prevalence** of PIP between **institutionalised Elderly Patients (IEP)** and **Non-IEP**.
2. To identify the **most inadequately** prescribed pharmacological groups by using **STOPP/START** criteria.

## MATERIALS AND METHODS



## RESULTS

### INSTITUTIONALISED (n = 64)

- PIP prevalence: **96.8%**
- N PIP/patient = 3.2

### NON-INSTITUTIONALISED (n = 156)

- PIP prevalence: **91.7%**
- N PIP/patient = 2.8

**92.3%** of the patients had at least one PIP

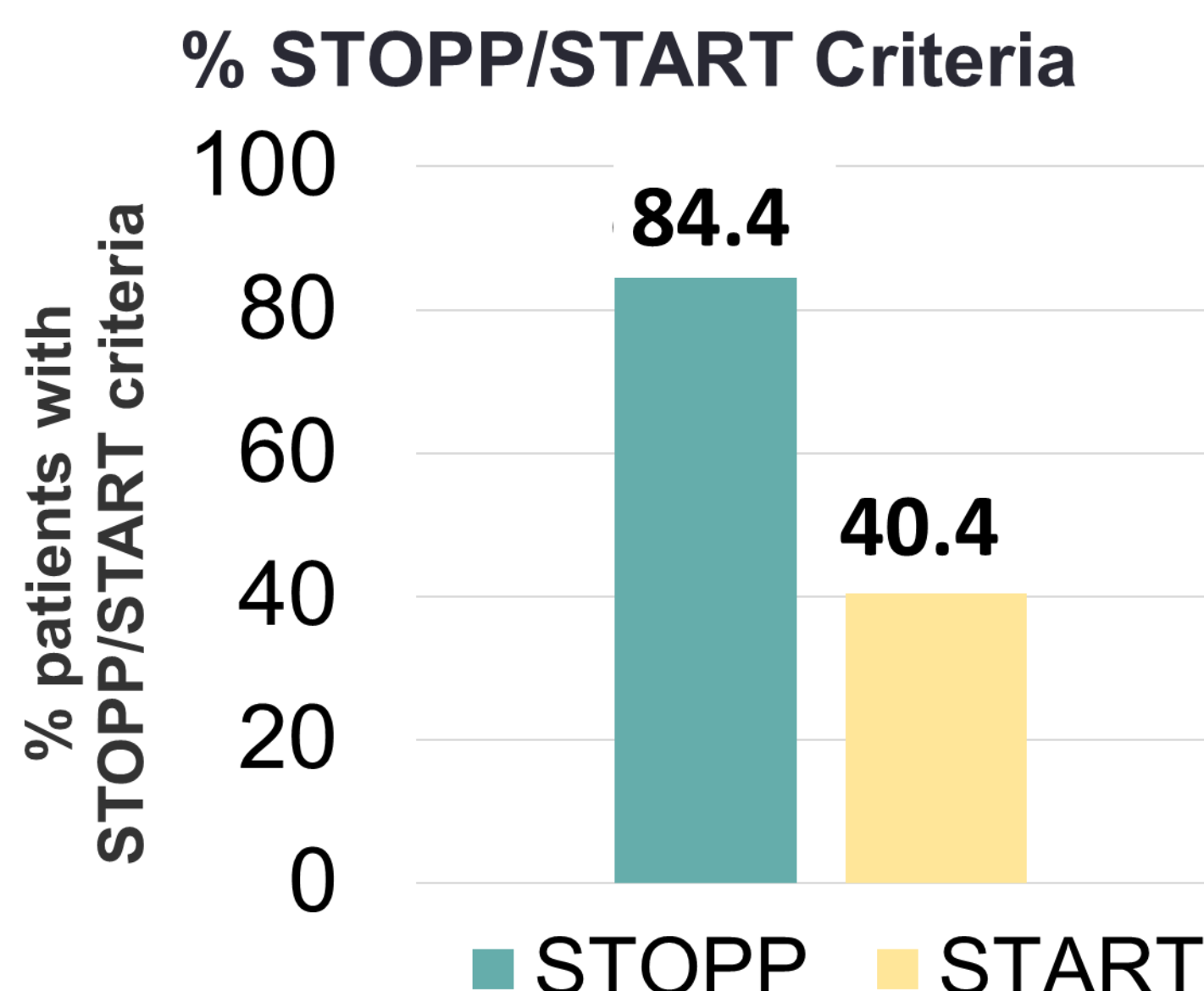
### Major STOPP criteria

**31%** - Medications without indication

**18%** - Benzodiazepines + Neuroleptics that can cause falls

**12%** - Benzodiazepines for more than 4 weeks

### PIP CLASSIFICATION ACCORDING TO STOPP/START CRITERIA:



### Major START criteria

**24%** - ACEI in heart failure

**24%** - Calcium supplements + Vitamin D in osteoporosis

**14%** - Beta-blockers in ischemic heart disease

## CONCLUSIONS

- There is a **high prevalence of PIP** in elderly patients admitted to hospital regardless of where they come from (nursing homes or their own home).
- A **higher control of prescriptions** appears to be needed in nursing homes.

No conflict of interest.

