

POTENTIALLY DRUG-RELATED PROBLEMS IN A POLYMEDICATED POPULATION

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Background

Polymedication is becoming a growth problem nowadays. Drugs offer huge benefits treating acute and chronic conditions, but the more drugs are prescribed, the more potentially drug-related problems (PDRP) can be found. Duplicities, prescriptions cascades, low therapeutical value drugs (LTVD), QT prolongation and anticholinergic potency are some of the main drug-related problems. Identifying target population with this problems can be a step forward to make pharmacological deprescription or modifications.

Objective

To investigate and quantify if there are drug-related problems in a polimedicated population that belongs to a secondary level hospital as a first step of a pharmacist-lead treatment revision.

MATERIAL AND METHODS

Observational transversal (November 2020) study. (450,000 inhabitants area)

Polymedication = ≥ 15 prescribed drugs.

Sociodemographical and treatment data to quantify drug-related problems* was extracted from digital clinical records

RESULTS

As September 2021, 2,258 patients were found to be polymedicated. 1,456 patients were female (64.5%). Median age was 75 [range 21 - 98]. Drug-related problems found are listed in Table 1.

Table 1. Drug-related problems found in the studied population

Drug-related Problem	Total (n)	Mean per patient (-/+ 95%CI)
Duplicities	2,270	1.005 (\pm 0.056)
Cascades	371	0.164 (\pm 0.056)
Low Therapeutic Value Drugs	1295	0.574 (\pm 0.037)
QT-prolonging drugs	685	0.305 (\pm 0.041)
Anticholinergic drugs	897	0.397 (\pm 0.040)

The results showed a high prevalence of PDRP, being duplicities and LTVD the most listed

This implies a high risk of adverse events or treatment misadequation

A pharmacist-led revision program could be a starting point to try to enhance treatment prescriptions.

CONCLUSIONS

*Notes: duplicities were listed by comparing ATC level 5 (drug) and 4 (chemical subgroup); LTVD listed in local health-system documents; QT-prolonging Drugs listed at CredibleMeds®