

# UTILITY OF A NEW TOOL TO GUIDE DEPRESCRIBING IN CHRONIC PATIENTS: A CHART REVIEW

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➔ **LESS-CHRON CRITERIA IS A NEW CREATION LIST OF TWENTY-SEVEN ITEMS TO GUIDE DEPRESCRIBING**

↓ Each item consist of:

Drug and its indication/ deprescribing condition/ health variable to monitor after deprescribing/period of follow up.

## OBJECTIVE

To analyze the utility of a new tool to guide deprescribing in patients with chronic pathologies.

## MATERIAL AND METHODS



A chart review was developed by a pharmacist in July 2015.

Consent was requested to the service of clinical documentation and statistic from the hospital.



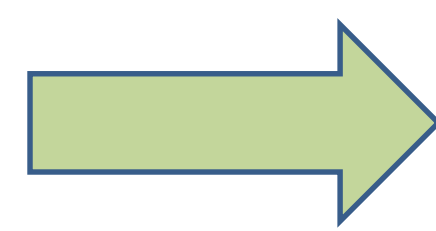
Inclusion criteria for patients to analyze were: being eighty years old or older, having a summary discharge from the internal medicine unit between September 2014 -May 2015, suffering from a pathology of the ones considered as indications of the possible drugs to deprescribe, presenting active prescriptions of drugs in the sanitary card and be alive at the moment of the study.



LESS-CHRON criteria were applied using information from the patient's chart. There were collected: age, sex and number of active drugs. There was analyzed: number of items of the tool possible to apply in the sample, drugs more frequently considered options to deprescribe, as well as items applied for patients.

## RESULTS

623 patients obtained from the search



50 patients included

Exclusion criteria

- Death
- Absence of active medication
- Not enough information

AGE (mean)	86
SEX	20 men
Active drugs (median)	10 [1-25]

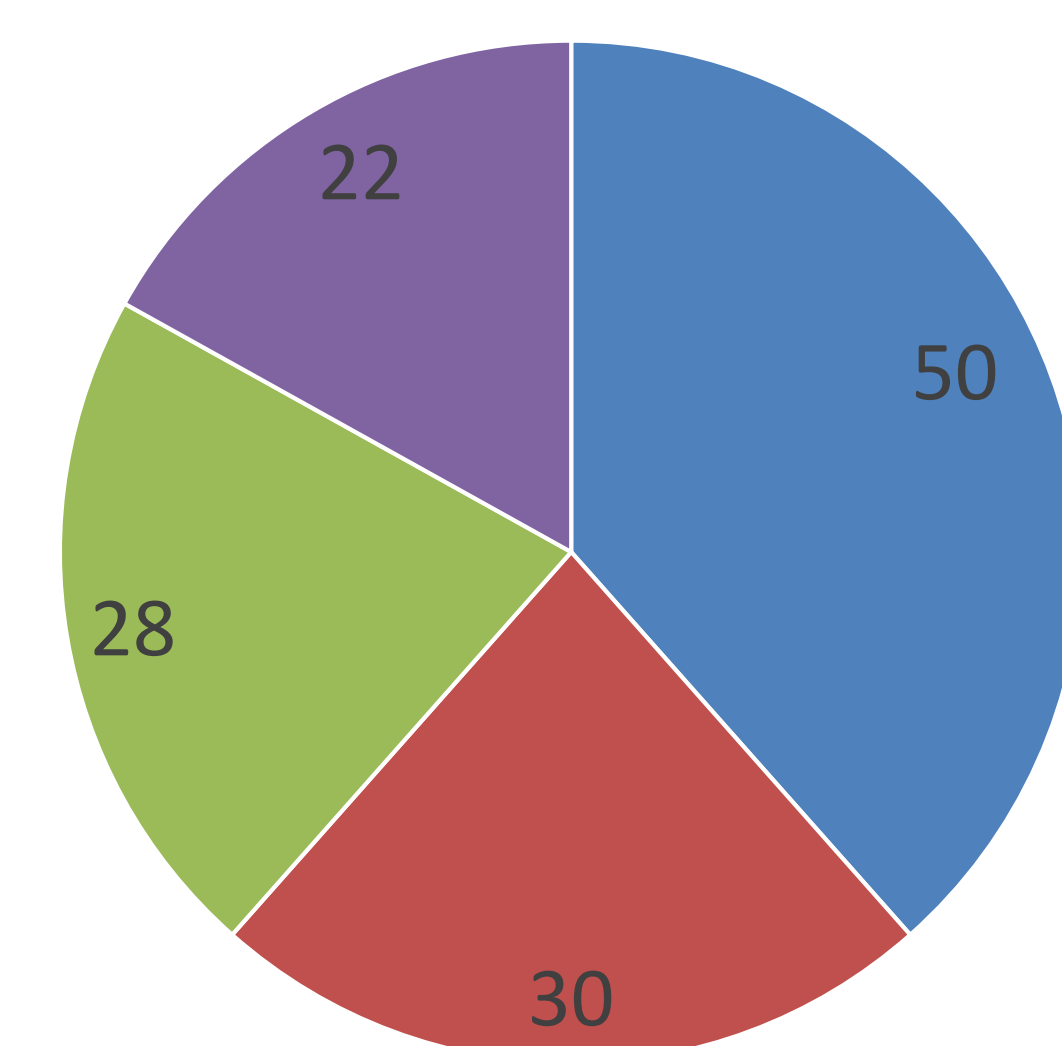
Median of items applied for patients: **2**

Patients with no item to apply: **8**

Maximum numbers of items possible to apply in a patient : **5**

ITEMS POSSIBLE TO APPLY: **18 (67%)**

Drugs more frequently considered options to deprescribe (% patients)



- antihypertensives
- benzodiazepines and zolpidem/zaleplon for insomnia
- benzodiazepines for anxiety
- alpha-adrenergic blockers for benign prostatic hypertrophy

## CONCLUSION

LESS-CHRON criteria are a useful tool to guide deprescribing drugs in older and chronic patients. Drugs more frequently deprescribed agree with the literature. It is necessary to validate this results in clinical trial