

# THERAPEUTIC OPTIMISATION IN OLDER INPATIENTS:



N° 4CPS-015

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## IS MELATONIN A REAL DEAL?

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#### **BACKGROUND AND IMPORTANCE**



For frail older inpatients with sleep deprivation its use might be interesting to reduce polypharmacy and consumption of benzodiazepines (BZD) or hypnotic drugs with potential serious adverse effects. In our country, drugs containing melatonin aren't reimbursed due to a lack of

Our hospital has referenced it, despite sub-costs, for the treatment of insomnia in patients with Lewy-Body Dementia (LBD).

#### AIMS AND OBJECTIVES

- To assess the compliance of Melatonin prescriptions with our Drug Committee referencig criteria
- To assess the co-prescription rate of Melatonin with BZD / Hypnotic drugs
- To assess the rate of continuation of Melatonin by the patient within 6 months of hospitalization

#### MATERIALS AND METHODS



Retrospective cohort study Between 1 June and 30 November 2023



in 5 acute medecine units

Data

collected

Age

Sex

every prescriptions of Melatonin in patients aged > 75 years

Diagnostic of LBD

Insomnia symptoms History of falls

**BZD** /Hypnotics prescription Treatment follow-up at 6 months

#### **RESULTS**



### 96 patients included

**55.2%** ♀ **44.8%** ♂

mean age =  $86.2 \pm 5.9$  years

City pharmacies or residential care facilities contacted:

continuation rate 6 months after discharge = 38,9%

«inefficiency»

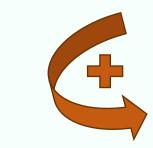
4.2% patients with LBD diagnosed

**♥** ≠ referencing criteria

62,5% patients with BZD or hypnotics

**68,3%** with history of falls

Sleep improvement with Melatonin only = 7.5%



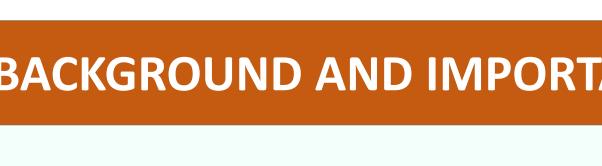
with an addition of another drug = 43.4%

### CONCLUSION

Few prescriptions meet our referencing criteria. Although it has been used with wider indications, Melatonin has difficulties to demonstrate its efficacy in improving the drug management of elderly inpatients as the coprescription rate with BZD/hypnotics is important, even in patients with an history of falls.

Pharmacist-led interviews with an aim of deprescribing those drugs might be a support for the medical team to find a more secure way to treat insomnia than using profusely a "trendy" - but expensive - drug. Large-scale clinical trials are needed to determine its impact on older inpatients (relevant dosage and indication) and consider possible reimbursement.





## **MELATONIN**

Hormone used for treating insomnia or circadian rhythm sleep-wake disorders

evidence of efficiency.