Methods or Study Design

Cross-sectional study in June 2018. We included all the nursing home residents older than 65 years in a residential care center linked to a hospital pharmacy. We reviewed with the physician responsible the pharmacological treatment and clinical situation of the residents to assess the benefits and risks of medication withdrawal, then we valued the acceptance.

Results:

- 55 nursing home residents
- 50% men
- Mean age: 82.5±9 years old
- Charlson comorbidity index ≥5: 73%
- Mean drugs prescribed per patient: 8.5±4.4

We detected 39 inappropriate prescriptions by LESS-CHRON criteria:

- Digestive system drugs: 18%
- Genitourinary tract drugs: 41%
- Blood and cardiovascular system drugs: 36%
- Central nervous system drugs: 5%

Acceptance intervention rate to reduce dose or stop medication: 26%(10)

Inappropriate prescription without any changes in treatment: 74% (29) → 22 had a clinical explanation

Discussion/Conclusions: LESS-CHRON criteria is a suitable tool for clinical practice to select which patients can benefit from deprescribing. They can avoid several adverse events related to drugs, but it requires a good knowledge of the clinical history and a work in common with physician. As we can see most of the inappropriate prescriptions with no modification in treatments were clinically justified.