**BACKGROUND**

Polypharmacy and the use of potentially inappropriate medication are frequent in nursing home and are associated with adverse health outcomes. Deprescribing has been proposed as a way to curtail problem; however, the best way to implement deprescribing and its real impact are still unclear.

**AIM AND OBJECTIVES**

To compare two different deprescribing strategies and to assess the impact of their application in a nursing home.

**MATERIAL AND METHODS**

**DESIGN AND INTERVENTION**

- Quasi-experimental study of pre-post design in a nursing home july- september 2020
- The pharmacist applied the LESS-CHRON criteria (LCs) and the good Palliative-Geriatric algorithm (gPG) to the same population to assess the differences.
- The recommendation of deprescription was made to the physician.

**INCLUSION CRITERIA**

- Inpatients aged > 65 years
- > 5 medications

**MAIN VARIABLE**

- The impact on the average number of medications per patient according to the strategy used if all the interventions were accepted.
- The reduction of LCs was evaluated.

**RESULTS**

Acceptance of all interventions would have meant a reduction of 1.27 medications per resident on average applying the gPG versus a reduction of 1.03 according to the LCs.

- **LCs:**
  - 28 detected in 17 different residents.
  - 32.1% involved cardiovascular system (55.5% regarding antihypertensives) and 28.5% nervous system.
  - Eight of the 28 proposed interventions were accepted, reducing the number of LCs by 28.5%.

- **gPG algorithm:**
  - 21 recommendations were added resulting in a total of 49 in 25 patients.
  - Of these 21, 80.9% were aimed at suspending drugs not included in the LCs and 14.2% at reducing doses.
  - 66.6% of the proposed interventions were accepted. Encompassing the two strategies, 44.8% of the interventions carried out were accepted.

**CONCLUSION AND RELEVANCE**

The LCs are a tool to help deprescription in people with multimorbidity, especially those related to the cardiovascular system; However, it is necessary to validate whether they are useful in patients with a longer life expectancy, where an algorithm such as gPG may be preferable.