

# POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN OLDER PEOPLE LIVING WITH HIV

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## BACKGROUND AND IMPORTANCE

Because of a higher prevalence of non-HIV comorbidities, older people living with HIV (PLWH) are at a higher risk of suffering polypharmacy and potentially inappropriate prescriptions (PIP).

## AIM AND OBJECTIVES

To analyse the prevalence of polypharmacy in older PLWH and to detect potentially inappropriate medications (PIM) and potentially omitted medications (POM) in this population.

## MATERIAL AND METHODS



How?

- Observational and retrospective study at a third level hospital
- Demographic, clinical and pharmacotherapeutic data were obtained from the electronic medical record and the regional electronic prescription database.
- Polypharmacy was defined as the use of 5 or more chronic drugs.
- High polypharmacy was defined as the use of 10 or more drugs
- PIM and POM were screened using the STOPP-START criteria



When?

1 January 2021-31 July 2021



Inclusion criteria

PLWH aged 65 or older

## RESULTS

### Patients and treatment characteristics

N = 153 patients (85% men)

Median age: 72 years (IQR 69-76,5)

Median VACS index: 39 (IQR 33-48)

Non HIV comorbidities (median): 5 (IQR 3-6)

Number of chronic drugs (median): 5 (IQR 3-7)

Polypharmacy present in 81% of patients

High Polypharmacy present in 31% of patients

Total number of PIM detected: 185 [at least one PIM or POM was detected in 62% of patients]

### Most frequent PIM and POM detected

- 16 different types of STOPP criteria were detected.
- Most frequent STOPP criteria:
  - A1: drug without clear indication
  - D5: chronic benzodiazepine prescription
  - K1: benzodiazepine prescription
  - J3: beta-blockers in diabetes mellitus

- 20 different types of START criteria were detected.
- Most frequent START criteria:
  - E3: calcium and vitamin D supplements in osteoporosis
  - E4: antiresorptive treatment in osteoporosis

The most frequent group of drugs involved in PIP were benzodiazepines

## CONCLUSIONS AND RELEVANCE

The prevalence of polypharmacy in our population is higher than observed in similar studies. Our population shows a high incidence of PIM, proving the necessity to implement deprescribing strategies in older PLWH.