Background

Pharmacotherapeutic complexity and potentially inappropriate medication (PIM) negatively affect therapeutic goals in HIV+ adult patients and increase frailty and fall-risk. POINT study carried out in Spain in 2017 alerted of polypharmacy, pharmacotherapeutic complexity and low adherence in HIV+ adults.

Objective: To describe treatment complexity, fall-risk-increasing drugs (FRIDs) burden, and presence of PIM in middle-aged and elderly HIV+ patients of our clinical setting.

Methods:

Design: Observational, cross-sectional study (April 2018)
Setting: referral hospital for HIV infection of our region
Data collecting: Age, gender and active chronic medication

Variables:
- a) overall treatment complexity and complexity due to concomitant one (MRCI-E tool)
- b) FRIDs (antipsychotics, antidepressants, benzodiazepines, loop diuretics, opioids, antiepileptics and polypharmacy, according to the Systematic Review and Meta-Analysis of the EUGMS Task and Finish Group on FRIDs)
- c) anticholinergic drug burden (DBI score)
- d) STOPP criteria.

Polypharmacy: ≥5 medications (Fix-dose combinations were counted as one drug)

Results

143 HIV+ patients.
Median age: 54y [IQR 50-58]: 65.7% male
- Antiretroviral treatment (ART): 100%
- Concomitant non-ART drugs: 92.3%
- ≥1 FRID: 57.3% (≥1 benzodiazepine: 35.7%)
- ≥1 anticholinergic drug: 49.7%
- ≥1 STOPP criteria: 38.4%

Conclusion

The impact of non-HIV drugs to overall pharmacotherapeutic complexity, and the frequent use of PIM in patients ≥45y justifies the need for periodical reassessment of the treatment in order to optimize adequacy and benefit/risk balance

References/Acknowledgements

POINT study https://ejhp.bmj.com/content/25/Suppl_1/A249.2

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