Appropriateness of pharmacotherapy (AP) and analysis of the interventions carried out in elderly patients from nursing homes (NHs) with polypharmacy. Prospective study was carried out from October/2020 of a program of AP in polymedicated patients of NHs, through the implementation of a project for the coordination of Geriatrics, Pharmacy and NHs from a university hospital. The pharmacist carried out a pharmacotherapeutic review of the active prescriptions of the patients, subsequently prepared an individualized report with proposals at therapeutic optimization and sent it to the geriatrician for evaluation. PIPS were identified by explicit/implicit criteria (STOPP/START, BEERS, LESS-CHRON, MAI) and CheckTheMeds® software, and were classified according to the Third Granada Consensus on Medication-Related-Problems (MRPs).

The economic impact was calculated from the direct costs of the discontinued drugs.

### RESULTS

- 102 patients were revised with feedback from 10 NHs
- Median age 88 years (IQR:84-93).
- 74.5% women
- Average of pathologies per patient: 8
- Median of prescribed drugs: 13 (IQR:11-15)
- 38% (495) prescriptions with possible MRPs
- 41% corresponded to PIPs according to STOPP/BEERS or LESS-CHRON criteria
- 81% of the detected MRPs have been intervened (degree of acceptance of 73%)

### Main Therapeutic Groups

- Group A (vitamins: B12, D, folic; and calcium)
- Group N (antidepressants and BZD)
- Group C (antihypertensives and statins)
- Group M (analgesics)

### Main Interventions

- Suspension or deprescription of drugs
- Dose reduction or change of frequency of administration
- Others

- 23% reduction in the number of drugs prescribed/patient
- Economic saving of 2550€/month and 15700€/6 months

### CONCLUSION AND RELEVANCE

Deprescription strategy in our NHs has been efficient, since a high number of interventions with a high degree of acceptance have been detected. AP supposes great support to clinicians, promoting the rational use of the drugs.