NONAGENARIANS VERSUS NON-NONAGENARIANS IN THE HIP FRACTURE PATIENT: FROM A PHARMACOTHERAPEUTIC POINT OF VIEW.

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BACKGROUND
Population aging is associated with a major hospitalization rate in nonagenarians; therefore it is necessary to describe them and analyse any peculiarities.

Aim and objectives
To describe nonagenarian's pharmacotherapeutic profile versus non-nonagenarians in a cohort of hip fracture (HF) patients.

MATERIAL AND METHODS

• Observational retrospective study.
• Inclusion criteria: patients older than 65 years old who were admitted to the hospital from January 2020 to March 2020 because of HF.
• Continuous variables were expressed as medians (interquartile range) or as means (standard deviation).
• Demographic and clinical data were obtained from electronic medical records.
• Numerous variables related to medication were included

Results

• The study included 99 patients (74 % women).
• Mean age in nonagenarians and non-nonagenarians was 93±2.73 and 86.2±6.83 respectively.
• No significance differences were found in the biodemographic and clinical variables.
• It was only detected that the glomerular filtrate was higher in the non-nonagenarians group (74 (53–85) ml/min vs. 46.5 (36.5–63) ml/min).
• It was detected minor polypharmacy in the nonagenarians group (7,6±2.9 drugs in >90 vs. 8.3±3.6 drugs in <90 (p=0.33)).
• The anticholinergic burden (according to Duran and Cols equation) was minor in the nonagenarians group (16,7% with high AC burden vs. 28.5%, p=0.14).
• No differences were found regarding the number of drugs that could increase the risk of a hip fracture (1,5 (1 – 3) in <90 vs. 2 (1 – 4) in ≥90).

Conclusions

✓ Comparing nonagenarians and non-nonagenarians, these results demonstrate that >90 patients do not need a different clinical approach, in contrast with it could be expected in an older population.
✓ Evidencing a renal function deterioration in nonagenarians, it would be necessary an extra vigilance in drugs excreted in this way.