

Drug prescription in the elderly. Are we doing well?

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Background and Importance

Inappropriate use of drugs in elderly patients has health consequences and for the health system.

Aim and Objectives

To review potentially inappropriate medications in older adults using the Screening Tool of Older Persons' Prescriptions (STOPP). As a secondary objective, we will assess prescription errors at discharge as well as the possibility of detecting by the pharmacist of community pharmacies and the primary care.

Materials and Methods

A descriptive cross-sectional study was conducted at a tertiary hospital. We included patients with aged over 75 years, who have been admitted as inpatients an internal medicine plant for 60 days. Study variables: age, sex, prescription drugs to hospital discharge, electronic prescription, and PPI according criteria STOPP (2014).

Results

55 patients

Average age 84,47 ± 4,96 years
Ratio men / women 0.89

0-4 Drugs

27,27%(n=15)

5-9 Drugs

41,82%(n=23)

≥ 10 Drugs

30,91%(n=17)

PPI (%)

19,25 %
(n= 36)

42,78%
(n= 80)

37, 97%
(n= 71)

437 prescriptions analyzed

187 PPI (42,79%) detected

167 PPI could be detected by electronic prescription

Most common PPI

CRITERIA STOPP (2014)	Prevalence
Concomitant administration of two drugs of the same class	14,97%
Any medication prescribed longer than the indicated	12,29%

Conclusion and Relevance

- Profile of polymedicated patients and a significant number of PPIs.
- Polypharmacy** contributes to an increase in the number of **PPIs**.

The **hospital pharmacist** is a **key element** to *analyze and correct discrepancies in medical prescription* to hospital discharge.

In order to achieve a continuity of care, the intervention of pharmacists from pharmacies and health centers is needed.