AIM AND OBJECTIVES
To analyze the pharmacist deprescribing interventions in complex chronic patients (CCPs) performed in hospital and primary care.

BACKGROUND
In CCPs the efficacy and safety of many drugs are unknown or questionable, in fact, medication may be the cause for side effects. Deprescribing is aimed to reduce the use of potentially inappropriate medications (PIMs) and improve patient outcomes. Pharmacist deprescribing interventions may contribute to reassess prescriptions and withdraw those with a negative risk/benefit balance.

RESULTS

<table>
<thead>
<tr>
<th>Patients (N)</th>
<th>55</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>55 %</td>
</tr>
<tr>
<td>Age (mean)</td>
<td>83</td>
</tr>
<tr>
<td>Medication/patient</td>
<td>13</td>
</tr>
<tr>
<td>Patients ≥ 1 PIM</td>
<td>55 %</td>
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<tr>
<td>PIM/patient</td>
<td>1</td>
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</tbody>
</table>

DEPRESCRIBING INTERVENTIONS 44 %
- Blood pressure treatment 30.6 %
- Benzodiazepines 24.4 %
- Statins 12 %
- Acceptance 65 %
- Other problems related to medication interventions 56 %

PHARMACIST INTERVENTIONS (N) 111
- High risk medication 41 %
- Cardiovascular system medication 34.2 %
- Nervous system medication 29.7 %
- Alimentary tract and metabolism medication 13.5 %

CONCLUSIONS AND RELEVANCE
Deprescribing interventions supported by hospital pharmacists reduce potentially inappropriate medications, however, deprescribing practice is still limited in hospital and primary care.