# 5PSQ-053: DESIGN OF A PRIORIZATION SYSTEM <br> BY COMPLEXITY OF THE REVIEW IN POLYMEDICATED PATIENTS: POTENTIAL INADECUACY INDEX 

## A. Alcalá Soto, M. Vázquez Real, D.S. Ruiz Pérez, C.M. Cuadros Martínez, J.F. Sierra Sánchez. Hospital Universitario Jerez de la Frontera. Pharmacy Service. Jerez de la Frontera-Cádiz. Spain.

Background and importance: in our health area, which serves 450,000 patients, we have $>2,000$ polymedicated patients (PP) with $>15$ drugs/month. For an efficient approach it is necessary to establish some prioritization criteria.


Aim and objectives: To design an index of prioritization based on the inadequacy of the polypharmacy, named Potential Inadequacy Index (PII). Stratify all PP according to the score of the PII through an automated analysis of the prescriptions.

Material and methods: PII is made up of different situations of the pharmacological treatment of PP:

| Potential Inadequacy Index (PIII) |  |
| :--- | :---: |
| Duplicity | 1 point |
| Low therapeutic value | 1 point |
| Prescribing cascades | 0,5 point |
| QT interval prolongation | 0,5 point |
| Anticholinergic burden | 0,5 point |

All PP were stratified according to the PII score:

| Degree of complexity | PII punctuation | Revision time |
| :--- | :--- | :--- |
| Very low complexity | $<1$ | 10 min |
| Low complexity | $1 \mathrm{a}<2$ | 15 min |
| Moderate complexity | $2 \mathrm{a}<4$ | 30 min |
| High complexity | $4 \mathrm{a}<8$ | 90 min |
| Very high complexity | $\geq 8$ | 160 min |

## Results

2,258 PP were included, with a mean number of medications per patient of 16.78 ( $95 \%$ CI 14.65-18.79), and the mean PII score was 2.01 (95\%CI 1.96-2.06).

| Complexity group | Potential <br> Inadequacy <br> Index | $\mathbf{N}$ patients | \% patients | \% Acum |
| :--- | :---: | :---: | :---: | :---: |
| Very low complexity | $<1$ | 388 | 17 | 17 |
| Low complexity | $1 \mathrm{a}<2$ | 729 | 32 | 50 |
| Moderante complexity | $2 \mathrm{a}<4$ | 880 | 39 | 89 |
| High complexity | $4 \mathrm{a}<8$ | 228 | 10 | 99 |
| Very high complexity | $\geq 8$ | 22 | 18 | 100 |
| All | $\mathbf{0} \mathbf{~ a ~ 1 7 , 5}$ | $\mathbf{2 2 4 7}$ | $\mathbf{1 0 0}$ | $\mathbf{1 0 0}$ |



## Conclusion and relevance

The automated analysis of the prescriptions of polymedicated patients, in search of potential criteria of inadequacy, can facilitate prioritization in the review of patients. The PII can help guide the identification of those patients with the greatest care needs.

