POTENTIALLY INAPPROPRIATE PRESCRIPTIONS IN GERIATRIC HIV PATIENTS

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BACKGROUND
The effectiveness of current ART has prolonged the survival of HIV patients, and with age the prevalence of co-morbidities increases. The new clinical conditions of these patients may cause potentially inappropriate prescriptions (PIP).

PURPOSE
The aim of this study is to identify potentially inappropriate prescriptions in an HIV population over 65 years old and to verify differences between physicians’ prescriptions and actual patient taking.

MATERIAL AND METHODS

• Observational study of elderly HIV patients (≥65 years), who collected ART in the pharmacy of a third level hospital.
• Period: June – November 2018.
• Electronic Medical Record was checked and what the patient refers to take, looking for differences.
• The confirmed treatments were evaluated with STOPP and LESS-CHRON deprescription criteria.

RESULTS
There were 30 patients meeting inclusion criteria. The most frequent type of drug affected by both criteria were benzodiazepines, followed by:
• Antidepressants in the case of STOPP
• Antiaggregants in LESS-CHRON

The total patients who may be candidates for deprescription by meeting criteria with one or another method was 70%.

The total number of drugs prescribed is significantly associated (p=0.008) with meeting deprescription criteria.

CONCLUSION
• There is a high prevalence of meeting deprescription criteria in elderly HIV patients and a clear relationship between polypharmacy and deprescription.
• Benzodiazepines were the most frequent drugs meeting the conditions of deprescription.
• To obtain a complete record of a patient's treatment, it is necessary to complement the Electronic Medical Record with a suitable clinical interview.
• It is important to periodically re-evaluate the need for treatment in chronic patients, with special interest in high-risk drugs in the elderly.

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