Fall in elderly is a major public health problem. Polypharmacy, which is defined as taking more than 4 drugs a day, is a major risk factor for falls in the elderly.

The aims: determine the frequency of use of drugs that increase the risk of falls and the impact of changes in these treatments in the occurrence of falls.

METHODS

- Retrospective study of medical records of fallers in 2015 and 2016. The list of fallers was obtained from the fall reporting data.
- First: clinical characteristics of patients and environmental falls were analyzed.
- Second: pharmaceutical data of patients with a recent modification of their treatments were sought and type of recent modifications of these treatments.

RESULTS

Clinical characteristics and environmental falls n=1591

- Fig: number of fallers
- Fig: place of fall
- Fig: patient’s condition during the fall

Pharmaceutical data n=244

- Fig: modification of patient’s treatments
- Fig: distribution hypotensive treatments
- Fig: distribution inducing drowsiness treatments

- 15% of patients had a change in their treatment before falling.
- Number of drugs per patient per day=9
- Modification treatments:
  - Hypotensive: 24%
  - Inducing drowsiness: 65%

- 87% of patients have hypotensive treatments.
- On average 1.86 hypotensive treatments/patient.

- 91% of patients had inducing drowsiness treatments.
- On average 2.38 inducing drowsiness treatments/patient.

DISCUSSION/CONCLUSION

- The use of drugs that increased the risk of falling was common in our hospital.
- The recent change in inducing drowsiness treatments seemed to increase the risk of falling.
- Pharmaceutical interventions with prescribers on good prescribing practices in the elderly should be strengthened to minimize the use of drugs at risk of falling.

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- To the health Framework

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