PREVALENCE OF POTENTIALLY INAPPROPRIATE PRESCRIPTIONS IN INSTITUTIONALISED AND NON-INSTITUTIONALISED ELDERLY PATIENTS

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BACKGROUND
- Potentially Inappropriate Prescriptions (PIP) cause an elevated number of hospital admissions in multipathological polymedicated geriatric patients.
- A significant percentage of elderly patients live in nursing homes where pharmacological treatments should have greater control than in the case of Non-institutionalised Elderly Patients (Non-IEP).

PURPOSES
1. To compare the prevalence of PIP between institutionalised Elderly Patients (IEP) and Non-IEP.
2. To identify the most inadequately prescribed pharmacological groups by using STOPP/START criteria.

MATERIALS AND METHODS
- 218 patients
  - + 80 years old
  - institutionalised/non-institutionalised admitted to the geriatric care unit in 2017
- Pharmacist analysis of prescribed medication
1. PIP identification
2. PIP classification according to STOPP/START criteria
3. Data analysis

RESULTS
- INSTITUTIONALISED (n = 64)
  - PIP prevalence: 96.8%
  - N PIP/patient = 3.2
- NON-INSTITUTIONALISED (n = 156)
  - PIP prevalence: 91.7%
  - N PIP/patient = 2.8

\[92.3\% \text{ of the patients had at least one PIP}\]

Major STOPP criteria
- 31% - Medications without indication
- 18% - Benzodiazepines + Neuroleptics that can cause falls
- 12% - Benzodiazepines for more than 4 weeks

Major START criteria
- 24% - ACEI in heart failure
- 24% - Calcium supplements + Vitamin D in osteoporosis
- 14% - Beta-blockers in ischemic heart disease

CONCLUSIONS
- There is a high prevalence of PIP in elderly patients admitted to hospital regardless of where they come from (nursing homes or their own home).
- A higher control of prescriptions appears to be needed in nursing homes.

No conflict of interest.