PHARMACOTHERAPY OPTIMISATION IN PATIENTS OVER 50 YEARS OF AGE WITH HIV INFECTION: FIRST STEPS

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BACKGROUND AND IMPORTANCE

• HIV infection causes premature aging. As a result, there is an increase in comorbidities and therapeutic burden in these patients earlier than in the rest of population.

AIM AND OBJECTIVES

• To evaluate the prevalence of pluripathology, polypharmacy and pharmacotherapeutic complexity in HIV patients over 50 years of age and to determine the need for optimization of non-antiretroviral therapy.

MATERIALS AND METHODS

Cross sectional observational study was conducted (November 2019 – September 2020)

- Data collected
  - Sex and age
  - Comorbidities
  - Antiretroviral therapy (ART)
  - Concomitant medication

- Pharmaceutical interventions (PI) were performed based on criteria for optimization of non-antiretroviral therapy from a guide for pharmacological deprescription in HIV patients, published by Spanish AIDS Study Group (GESIDA).

RESULTS

• 71 patients (69% male) with mean age 55.1 (50-65) years were evaluated.
  - Pluripatology: 34 patients (47.9%)
  - Polypharmacy: 39 patients (54.9%)
    - mean of 9.3(6–26) drugs/patient

• 33 drugs with anticholinergic burden in 20 (28.2%) patients
  - 10 of them (50%) had more than one anticholinergic burden drug

Most common drugs involved:

- chlorpromazine 15,20%
- alprazolam 12,10%
- paroxetine 12,10%
- chlorazepate 12,10%
- Others 49%

- 67 interactions were detected
  - (16 non-ART medication/51 ART medication)
    - 34 pacientes
      - mean of 2(1–6) interactions/patient

- 73 PI were performed in 34 pacientes
  - mean of 1.8(1–5) interactions/patient

Main drug classes candidates for deprescription:

- anxiolytics/sedatives
- antiulcers
- antipsychotics
- antidepressants
- antidiabetics
- Others

CONCLUSION AND RELEVANCE

• About half of patients had pluripathology and polypharmacy. Pharmacotherapeutic complexity was mainly due to the number of interactions.
• Considering the high number of drugs identified as candidates for optimization, more coordinated intervention would be needed to improve pharmacotherapeutic prescription in HIV population.