DETECTION OF POTENTIALLY INAPPROPRIATE PRESCRIBING IN AN INSTITUTIONALIZED POPULATION

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**Background:** different tools aimed to the detection of potentially inappropriate prescribing (PIPs) have been developed in the last years.

**Purpose:**
✓ To describe and compare the prevalence of PIPs detected in institutionalized patients according to BEERS, STOPP-START and PRISCUS criteria.
✓ To identify the most involved therapeutic groups.

**Material and methods:** cross-sectional descriptive analysis (May 2018).

**Target population (random sample)**
- Institutionalized patients
- 65 years old or older
- Active drugs in electronic prescribing (EP)

**Variables**
- Age, sex
- Charlson comorbidity index (ChI)
- Number of PIPs/tool and involved drug

To obtain the data, medical records and EP were reviewed.

**Results:**
- 76 patients, 80.3% women
- Mean age: 88.39 years. 94.5% >80 years
- Mean ChI: 6.92 (±1.54)
- 9 drugs/patient (range: 2-18)
- 56% with 5-10 drugs
- 38.9% with >10 drugs

<table>
<thead>
<tr>
<th>Tool</th>
<th>n PIPs (%)</th>
<th>PIP/patient</th>
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<tbody>
<tr>
<td>STOPP</td>
<td>140 (45.7%)</td>
<td>1.8</td>
</tr>
<tr>
<td>BEERS</td>
<td>119 (38.9%)</td>
<td>1.56</td>
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<tr>
<td>PRISCUS</td>
<td>35 (11.4%)</td>
<td>0.46</td>
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<tr>
<td>START</td>
<td>12 (4%)</td>
<td>0.16</td>
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- 306 total PIPs/655 analyzed prescriptions
- 84% patients with ≥ 1 PIP

**Most involved ATC groups (n=294*)**
- N: nervous system (70%)
- A: alimentary tract and metabolism (3%)
- B: blood and blood forming organs (6%)
- C: cardiovascular system (9%)

*Excluding START PPI (most involved: antidementia drugs)

**Conclusions**
- High prevalence of PIPs.
- STOPP criteria had the highest quantitative detection capacity.
- Nervous system drugs: the most frequently involved.
- PIPs are a real problem in the elderly. Pharmacist contribution to the systematic detection can improve safety and promote the rational use of medicines.

"\[\text{Analysis}\]"