POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN ELDERLY ONCO-HAEMATOLOGICAL PATIENTS REFERRED TO PALLIATIVE CARE: APPLICATION OF THE STOPPFrail CRITERIA

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BACKGROUND AND IMPORTANCE

Polypharmacy and potentially inappropriate medications (PIMs) are known problems in elderly patients, but their prevalence in cancer and end-of-life settings are less clear. Specific criteria to assist clinicians in this setting are very limited.

AIM AND OBJECTIVES

To analyse the prevalence of polypharmacy and PIMs in elderly onco-haematological patients referred to palliative care.

MATERIALS AND METHODS

Study design Retrospective, observational study in a third level hospital.

When? 1 April 2020 – 30 June 2020

Inclusion criteria: Onco-haematological patients aged 65 or older referred to palliative care.

Demographic and clinical data were collected from the electronic medical record.

How? Polypharmacy was defined as the use of ≥ 5 chronic drugs PIMs were screened using the STOPPFrail criteria.

RESULTS

PATIENTS AND TREATMENT CHARACTERISTICS

N = 62 (63% men)  Median age: 78,5 years (range 65-94)  53 (85%) ECOG equal or greater than 3

Comorbidities mean 2,7 ± 1,8  Chronic drugs mean 7,4 ± 3,5  Polypharmacy present in 79% of patients

Total number of PIMs detected: 85 [at least one PIM was detected in 50 (80%) patients (mean 1,3 ± 0,9)]

Only 9 patients (14,5%) remained alive at the end of the three-months follow up period.

MOST FREQUENT PIM DETECTED ACCORDING TO STOPPFrail CRITERIA

<table>
<thead>
<tr>
<th>STOPPFrail criteria (description)</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>B1 (lipid lowering therapies)</td>
<td>21</td>
</tr>
<tr>
<td>E1 (proton pump inhibitors at full therapeutic dose)</td>
<td>17</td>
</tr>
<tr>
<td>G1 (calcium supplementation)</td>
<td>11</td>
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<tr>
<td>A2 (drugs without clear clinical indication)</td>
<td>8</td>
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<tr>
<td>I1 (antidiabetic oral agents)</td>
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CONCLUSIONS

✔ The outcomes confirm a high prevalence of polypharmacy and PIMs in elderly oncohaematological patients referred to palliative care.

✔ The STOPPFrail criteria might be an useful tool in the detection of futile drugs eligible for deprescription in this population.