



6ER-040 - A TOOL PROPOSAL FOR IDENTIFYING THE RISK OF POLYPHARMACY IN NURSING HOMES FOR ELDERLY PEOPLE



I. Barral Juez, I. González García, A. Martiarena Ayestaran, S. Martínez Arrechea, M.P. Bachiller Cacho Hospital Pharmacy. Donostia Universitary Hospital. OSI Donostialdea. Basque Country. Spain.

OSID.FARMAZIAEGOITZAK@OSAKIDETZA.EUS

BACKGROUND AND IMPORTANCE

The new model of pharmaceutical care in nursing homes consists of creating drug deposits linked to hospital pharmacy services where hospital pharmacists have the responsibility to provide pharmaceutical care. Besides, polypharmacy is commonly defined as the number of medications taked concurrently using standard cut-offs, but several studies have highlighted the need of multidimensional assessment.

AIM AND OBJECTIVES

Identify polymedicated residents at risk. For this goal, it is proposed to design a score based on medication indicators.

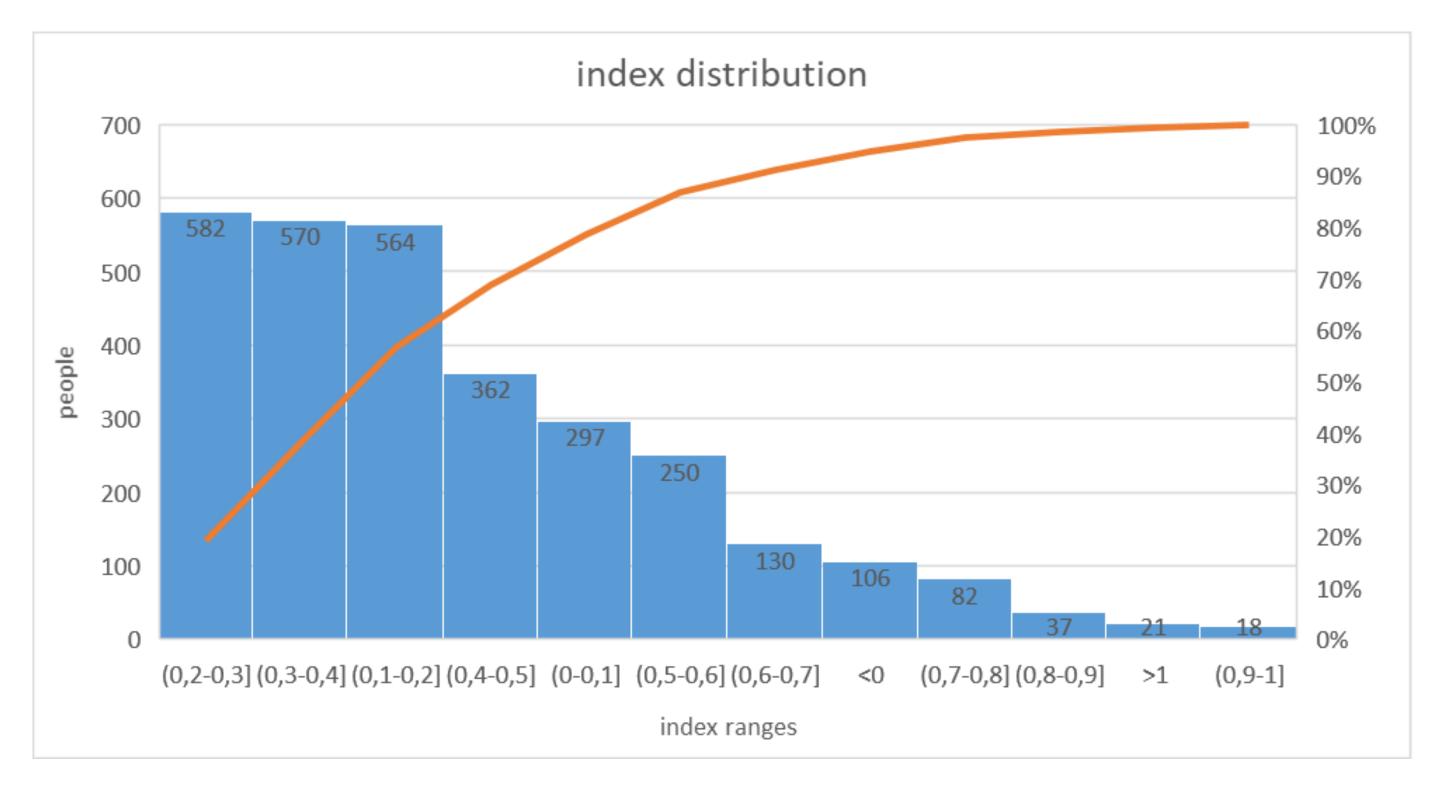
MATERIALS AND METHODS

A score is designed based on demographic data and hazardous drugs for elderly people: age, sex, number of total and chronic prescriptions (Np, Npc), number of prescriptions for: proton pump inhibitors (PPI), cardiovascular drugs (CRZ), vitamin K antagonists (VKA), oral anticoagulants (ACOD), platelet antiaggregant [IGG1] (PAA), neuroleptics (NLP), benzodiazepines (BZD), antidementia drugs (DEM), antidepressants (DEP), opioids (OPI), drugs with high and low anticholinergic effect (Aca, Acb) and concomitant use of NLP, BZD, DEP and DEM (POKER). The weight of each indicator is adjusted according to bibliography and expert opinion.

RESULTS

The tool is applied for a population of 3,010 people from 25 centers:

- >90% less than 0.6 (2,731 people)
- 9.5% more than 0.6 (288 people)
- 1.3% more than 0.9 (39 people)



Example: Two people with the same Np (15) and Npc (12), but different sex and distribution of prescriptions per groups, have a different score: >0.9 the first one and <0.5 the other one.

n	Sex	Age	Np	Npc	PPI	CRZ	VKA	ACOD	AGP	NLP	BZDZ	DEM	DEP	OPI	ACHa	Achb	POKER	i
1	Н	76	15	12	1	0	0	0	0	5	3	1	2	0	0	6	YES	0,9298
2	Н	61	15	12	0	4	0	1	0	0	0	0	0	0	0	0	NO	0,4938

CONCLUSION AND RELEVANCE

This tool could give us a score that allows to distinguish the risk associated to polypharmacy based on the amount of prescriptions and prescripted hazardous drugs. In the future, it will be necessary to design a study that collects events prospectively, so each indicator could be assigned a weight corresponding to its risk.

REFERENCES AND/OR ACKNOWLEDGEMENTS

- Gosselin M et al. Classifying Polypharmacy According to Pharmacotherapeutic and Clinical Risks in Older Adults: A Latent Class Analysis in Quebec, Canada. Drugs Aging. 2023 Jun;40(6):573-583
- Carr E et al. A multidimensional measure of polypharmacy for older adults using the Health and Retirement Study. Sci Rep. 2021 Apr 22;11(1):8783
- Scottish government polypharmacy model of care group. Polypharmacy guidance, realistic prescribing 3rd edition, 2018. Scottish government
- Boustani M, Campbell N, Munger S, Maidment I, Fox C. Impact of anticholinergics on the aging brain: a review and practical application. Aging Health. 2008; 4(3): 311-20