Background

Chronic treatment revisions optimize drug treatment and prevent potential drug-related problems. Therefore, we started a new health care model based in a multidisciplinary team work, integrated and focused on the patient. This program is a tool to revise the benzodiazepines/Z-drugs prescriptions, which are increasing in older patients, and may cause adverse effects.

Objectives

Evaluate the potentially inappropriate prescribing associated to benzodiazepines/Z-drugs in polymedicated patients and determine the deprescription rate after the multidimensional pharmacotherapy revision.

Material and Methods

The primary care pharmacist checks the chronic treatment through a multidimensional pharmacotherapy revision with clinical, functional and psycho-social variables and establishes recommendations. The physician, according to the patient preferences, revises the recommendations through weekly drug-safety appointments. Multidisciplinary primary care team (pharmacist, physician, nurse and patient) decides the deprescription procedure.

Results

Patients revisited: 125. Age: 79.5 (75.8-84.0) years; females: 30 (75%). Number of drugs: 15 (13-17). Number of drug-related problems/patient detected upon revision: 3 (2.0-3.25).

Patients with a benzodiazepine/Z-drug prescribed >6 months: 40 (32%); and out of these: 9 (22.5%) taking 2 benzodiazepines/Z-drugs. Total deprescription interventions: 49.

Conclusions

Multidisciplinary pharmacotherapy revision permits potentially inappropriate prescribing detection and drug-related problems identification to optimize the chronic treatment. New strategies are being implemented to increase the benzodiazepines/Z-drugs deprescription rate such as raising patient’s consciousness or closer monitoring.

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