

POSTER ABSTRACT

Polypharmacy and Adherence: Key Components of Integrated Care: The case of Italy.

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Introduction: Polypharmacy and medication non-adherence in the older population are growing public health issues throughout the European Union (EU), and are critical issues in integrated care. SYMPATHY (Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly) is a consortium of 10 organizations representing 8 EU countries with the goal of stimulating innovation around polypharmacy and adherence, ultimately providing the tools for EU policy makers to adopt new programs addressing this issue into existing healthcare systems.

Methods: A mixed-methods case study is ongoing to characterize the Italian policies on the management of polypharmacy in the elderly. A desk review of these policy documents and guidelines at the national, regional and local level has been completed. Documents from the Scientific Societies (Italian Society of Pharmacy Hospital, Italian Society of Pharmacoeconomics, Geriatric and Gerontology Society, Internal Medicine Society, General Practitioners Italian Society), Italian Medicine Agency (AIFA), were included for analysis. Next to that documents from the Campania region (about 6 millions), and specifically Naples metropolitan area (about 1 million inhabitants) were taken as an example of regional and local implementation. Key informant interviews will be conducted with policymakers and clinicians responsible for developing these activities, to highlight the lack of specific policies and delineating strategies for implementing polypharmacy programs. Focus groups consisting of policymakers, clinicians and patients will then be used to validate the research findings. Final analysis will be completed in April 2016.

Progress report: The issue of management of polypharmacy in the elderly has not been fully addressed on a national level in Italy. Some region developed polypharmacy consensus papers or local policies (Toscana, Lombardia, Emilia Romagna) just suggesting some alert or warnings

on potential inappropriateness prescription in the elderly. Although the awareness of stakeholders on the need for developing strategies for polypharmacy management; the present desk review analysis highlights the lack of policies at a national level and the need for developing a comprehensive practical guideline. In addition, a lack of a specific multidisciplinary approach for polypharmacy management was further addressed. Full results including key informant interview and focus groups will be presented.

Conclusion: Results from key informants will further elucidate *_why_* polypharmacy policies have never been implemented and *_how_* these policies can be developed. These results combined with the other SIMPATHY case studies with lack of policies will provide valuable tools for policymakers, researchers, and clinicians throughout Europe as they move to integrate polypharmacy and adherence activities into existing health care systems.

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