

CONFERENCE ABSTRACT

Potentially inappropriate medication in people over 65 years of age during the SARS-Cov-2 pandemic period in a private health insurance provider in Buenos Aires.

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Introduction

Older adults who use multiple medications appear to be at higher risk of receiving a potentially inappropriate medication (PIM). Based on our work for more than a decade on good clinical practice in medical prescribing, in 2019 Hospital Italiano de Buenos Aires started PrOPAM, a programme for optimising medications for the elderly who received health care by this provider. The objective of the study was to determine the prevalence of PIM in this population in the context of the SARS-Cov-2 pandemic.

Theory/Methods

Observational cross-sectional study. We assessed outpatients' consumption of medications from ambulatory pharmacies between 03/01/2020 and 08/31/2020. Medication consumption was identified as PIM according to the Beers-19 criteria. They were grouped by pharmacological groups using the ATC classification (Anatomical, Therapeutic, and Chemical group). We determined monthly PIM consumption per patient. Three priority pharmacological groups were defined: benzodiazepines, proton pump inhibitors, and non-steroidal anti-inflammatory drugs.

Results

Out of a total of 59,123 people, 67.38% were women. The median age was 76.61 years (IQR 12.7). At least one MPI was consumed by 25,461 (43%) people in the overall period (14,724 consumed one PIM; 7,245, 2 PIM; and 3,492, 3 or more PIM). During the study period patients consuming PIM remained stable. March, 12,833 patients consumed at least one PIM, 9,234 one PIM, 2,847 consumed 2 PIM, 752 consumed 3 or more PIM. In August, 12,327 patients consumed at least one PIM, 8,577 consumed one PIM, 2,921 consumed 2 PIM, and 829 patients consumed 3 or more PIM. A total of 14,723 patients took a benzodiazepine; 10,833, a proton-pump inhibitor; and 3,339, a non-steroidal anti-inflammatory drug.

Conclusion

PIM remained stable during the SARS-Cov-2 pandemic in our population. Knowing the prevalence of PIM use in our population is important to conduct educational interventions to clinicians and

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patients. Achieving a decrease in the use of PIM could reduce the impact of adverse drug reactions, hospitalizations, costs, and even mortality.

Discussion

We must implement coordinated efforts to conciliate and deprescribe potentially inappropriate medications in the elderly population. Reinforce and optimize ongoing medical education on theory, e-tools, and interventions.

Lessons learned

Each level of medical care must be an opportunity to conciliate, deprescribe, and avoid PIM, especially during emergency situations, even when using telemedicine.

Limitations

Pandemic context might bias our estimations and might need specific actions to reduce PIM in elderly people.

Suggestions for future research

This research area must be periodically updated in order to improve safety and quality care.