
POSTER ABSTRACT

Frequency of medication consumption in patients over 65 years of age in an HMO from Buenos Aires, Argentina.

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Introduction

Polypharmacy and potentially inappropriate medications in elderly is a frequent problem doctors have to deal with. Lack of integration of care in this population is critically important due to major adverse events patients might have. The aim of this study is to describe the frequency of dispensed medicines for persons who are more than 65 y.o. From institutional pharmacies in a health Maintenance Organization during the year 2017 and identify potentially inappropriate medications (PIM).

Theory/Methods

observational cross-sectional study of secondary bases. The consumptions of medications from ambulatory pharmacies between January and December 2017 were included as the first step in an Institutional Programme for the optimization of medication in the elderly as an integrated care plan (ProPam). A ranking was made, and the most frequent ones are reported, expressed in sales units. PIM were identified according to Beers 2019. They are described as an absolute number of consumptions, they were classified according grouped by pharmacological groups.

Results

This study was made in more than 60,000 affiliated patients to whom drugs were dispensed. 1754219 units were dispensed in the period. 30 % of them were PIM. The most dispensed drugs were antihypertensive drugs and lipid-lowering drugs.

The PIMs with the highest frequency of dispensing were (position in the general ranking of sales units): 3er d position benzodiazepines and sedative hypnotics, 5 th proton-pump inhibitors, 7th non-steroidal anti-inflammatory, 11th antidepressants.

When considering the PIM's sales units: 1st aspirin 60,227 sales units; 5th omeprazole 41,578 sales units; 10th alprazolam 34571 sales units; 11th clonazepam 32,153 sales units, and 10,186 sales units for pantoprazole ranked 32nd.

Discussion

An integrated care plan has to be implemented in order to better manage medications in the elderly.

Conclusion

Knowing the consumption profile of our population is important to address educational interventions to doctors and patients, and to generate tools and indicators that improve the quality of life, use of health services, adverse drug reactions, hospitalizations, costs and even mortality.

Lessons learned

Each instance in which the patient attends the health centre, the medication must be reconciled in an integrated manner.

Limitations

We cannot know if these patients have adverse events indeed for consuming those medications. More studies and periodic indicators can be established in order to ensure safety vigilance.

Suggestions for future research

This study is the first stage of the Programme for diminish potentially inappropriate medication in elderly, we had implemented an interdisciplinary intervention to help doctors and patients to be aware and control medication they are on. We are still in the intervention stage. We promptly will know how we diminished PIM after intervention. Nevertheless, this has to be implemented periodically in the health institutions.