IL 9

APLICATION OF EVIDENCE-BASED TOOLS FOR OPTIMIZATION OF GERIATRIC PHARMACOTHERAPY,

Aleksandra Ćatić Đorđević[*]

University of Niš – Faculty of Medicine, Department of Pharmacy, Niš, Serbia

*aleksandra.catic@medfak.ni.ac.rs

Progress of pharmacotherapy and ageing in general caused increased prevalence of multimorbidity, polypharmacy and inappropriate prescribing as well in older people. Inappropriate prescribing and use of potentially inappropriate medications (PIM) can be associated with adverse outcomes, hospitalization, even death (1). Pharmaceutical care includes validated tools for medication review, which have been aimed to objective identification of the prevalence and type of PIMs, potentially prescribing omissions and associated factors as well. Most of the tools focus on pharmacological appropriateness of prescribing - prescribing without clinical indications, omission of needed drugs, incorrect prescription. Screening Tool of Older Person's Prescriptions/Screening Tool to Alert Doctors to right Treatment (STOPP/START) is one of the most popular tools. Across several European countries nowadays we have European Potentially Inappropriate Medication - EU (7) PIM and International Consensus of a Clinical Tool for Improved Drug Treatment in Older People (FORTA) and others national PIM list (1,2). In conducted study, with 880 enrolled patients at least one STOPP or START observed in 49-74.2% and 39.5-53.3% patients, retrospectively. The most common STOPP criteria were: drug indication (35.6%), fall-risk drugs (32.3%) and central nervous system drugs (28.3%). More than 30% of all patients showed underprescription of drugs affecting cardiovascular system. Age and number of drugs were significantly associated with the occurrence of STOPP and START criteria. In addition to the technological challenge, the integration of explicit criteria into the prescribing and dispensing system, especially electronic, is an overall geriatric pharmacotherapy concept that regularly re-evaluates chosen drugs and optimizes dose regimens.

References

1. Renom-Guiteras A, Meyer G, Thürmann PA. The EU(7)-PIM list: a list of potentially inappropriate medications for older people consented by experts from seven European countries. Eur J Clin Pharmacol. 2015;71(7):861-75.
2. Bobrova V, Fialová D, Desselle S, Heinämäki J, Volmer D. Identifying Potential Drug-Related Problems Among Geriatric Patients With Use of an Integrated Clinical Decision Support Tool. Front Pharmacol. 2022;13:761787.

OPTIMIZACIJA FARMAKOTERAPIJE U GERONTOLOGIJI PRIMENOM ALATA ZASNOVANIH NA DOKAZIMA

Aleksandra Ćatić Đorđević*

Univerzitet u Nišu – Medicinski fakultet, Katedra Farmacija, Niš, Srbija

*aleksandra.catic@medfak.ni.ac.rs

Progres farmakoterapije i starenje populacije uslovili su porast broja bolesti, stepena polifarmacije, kao i neadekvatnog propisivanja kod starijih pacijenata. Neadekvatno propisivanje i upotreba potencijalno neodgovarajućih lekova (PIM) može se dovesti u vezu sa neželjenim ishodima, hospitalizacijama, čak i smrću (1). Farmaceutska nega uključuje upotrebu proverenih alata pri pregledu lekova, radi objektivne procene pojave i tipa PIM, potencijalnih grešaka u propisivanju, kao i uticajnih faktora. Najveći broj alata se fokusira na farmakološki neadekvatno propisivanje - propisivanje bez kliničke indikacije, nedostatak neophodnih lekova, neadekvatno propisivanje. Jedan od najviše korišćenih alata je STOPP/START (alat za pregled propisanih lekova i upozorenje lekarima na odgovarajući tretman). U Evropi se danas koriste i Evropska lista potencijalno neadekvatnih lekova- EU(7) PIM, FORTA lista koja predstavlja internacionalni konsenzus kliničkih alata za poboljšanje farmakoterapije, kao i veći broj nacionalnih PIM listi (1,2). Istraživanje sprovedeno u Srbiji uključilo je 880 pacijenata sa teritorije centralne i južne Srbije Prisustvo najmanje jednog STOPP/START pokazano je kod 49-74.2%, odnosno 39.5-53.3% ispitanika. Najzastupljeniji STOPP kriterijumi bili su: indikacijsko područje (35.6%), lekovi koji nose rizik spontanog pada (32.3%), lekovi koji ostvaruju efekat na centralni nervni sistem (28.3%). Preko 30% svih pacijenata pokazali su nedostatak preporučenih lekova sa kardiovaskularnim efektom. Starost pacijenata i broj lekova u terapiji bili su statistički značajno povezani su sa brojem identifikovanih kriterijuma. Pored tehnološkog izazova, integracija eksplicitnih kriterijuma u proces propisivanja i izdavanja lekova i elektronski zdravstveni karton predstavlja optimalni koncept gerijatrijske farmakoterapije koji redovno procenjuje izabrane lekove i režime doziranja.

Literatura

1. Renom-Guiteras A, Meyer G, Thürmann PA. The EU(7)-PIM list: a list of potentially inappropriate medications for older people consented by experts from seven European countries. Eur J Clin Pharmacol. 2015;71(7):861-75.
2. Bobrova V, Fialová D, Desselle S, Heinämäki J, Volmer D. Identifying Potential Drug-Related Problems Among Geriatric Patients With Use of an Integrated Clinical Decision Support Tool. Front Pharmacol. 2022;13:761787