

# EVALUATION OF THE FEASIBILITY OF DEPRESCRIBING AMONG THE GERIATRIC POPULATION OF A BELGIAN GENERAL HOSPITAL

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# Background and importance

The elderly constitute a population group characterized not only by significant physiological changes, but also by their predisposition to suffer from a variety of pathologies and, consequently, to be subject to polypharmacy [1, 2]. The latter being defined as the chronic administration of multiple drugs, which can lead to iatrogenic drug events [1,3]. As well as its impact on patients, over-prescription also has repercussions for the environment [4]. A number of tools are available to limit the inappropriate use of drugs by the elderly, but the patient's own wishes can play a decisive role in the deprescribing process [1,4,5]. The intervention of a pharmacist to review medical treatments helps to improve the quality of care provided to the elderly [6]. The identification of factors influencing the wishes of the elderly is an important prerequisite for any approach of geriatric clinical pharmacy [5].

# **Objectives**



To evaluate objective motivations





and subjective motivations (2) for deprescribing in geriatric population.

### **Methods**

We quantified data collected through two studies:

From January 1 to January 31, 2023

Retrospective observational study on medical records

At hospital admission of each patient: identification of any medications for which deprescription would be indicated using the STOPP/START VERSION.2 tool

#### Inclusion criteria

• Patients hospitalized in the geriatric units of the **CHR Haute Senne** 

From February 15 to April 11, 2024

DI-Prescrire cross-sectional study: Development and validation of a health behavior theory-based questionnaire

Examination of the willingness of older adults and informal caregivers to deprescribe using a 57-question questionnaire

### Inclusion criteria

- Patients of the geriatric units of the CHR Haute Senne:
  - over 60 years
  - taking at least 5 medications regularly
  - having at least one chronic condition

#### **Exclusion criteria**

#### Patients:

- Suffering from psychiatric trouble
- Past or present drug or alcohol dependency
- Having a terminal illness
- Inability to complete a written questionnaire in French due to a functionnal or cognitive impairment
- Inability to understand and express oneself in French

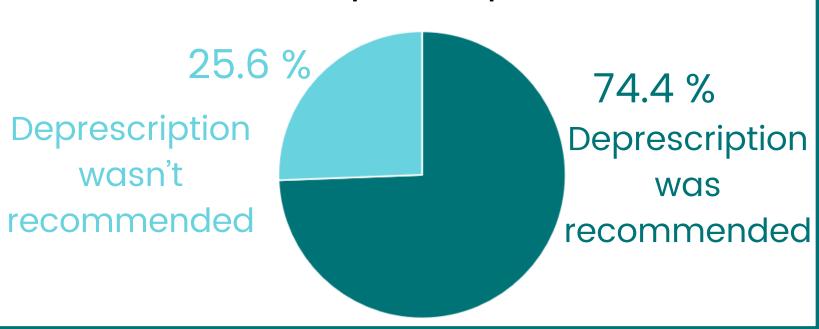
### Results

## Retrospective observational study



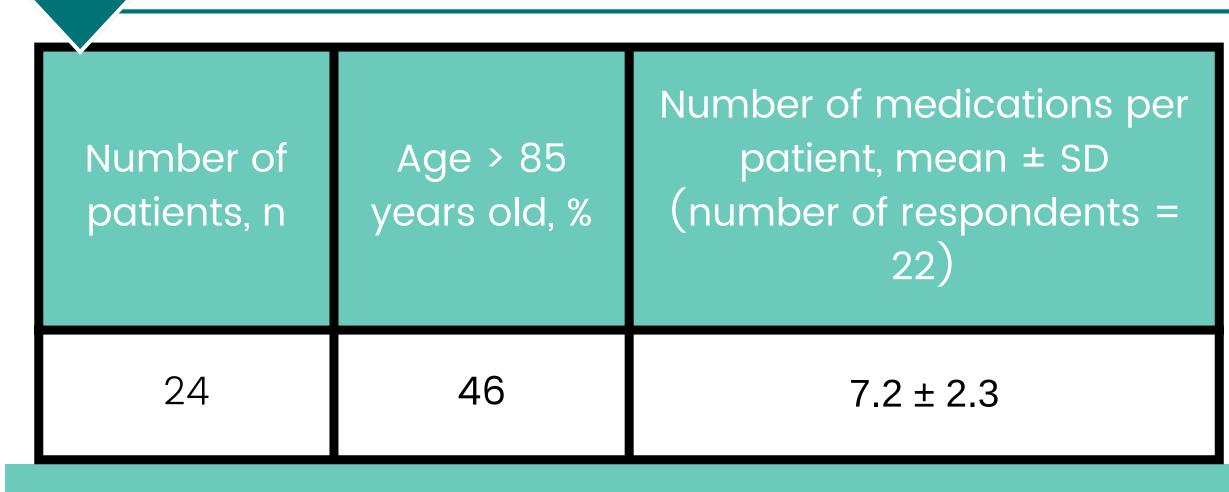
Number of patients, n	Age (yr), mean ± SD	Number of medications per patient at hospital admission, mean ± SD
78	84.5 ± 6.6	8.9 ± 3.3

Rate of patients concerned by the deprescription



- The number of medications recommended to be deprescribed per patient was  $1.4 \pm 1.2$  (mean  $\pm$  SD).
- Benzodiazepines were the medication category most affected by deprescription recommendation

DI-Prescrire cross-sectional study



Questionnaire results on subjectives motivations 100% 80% 88 % 60% 40% 20% Patients who reported feeling able to stop one of their medication if the

doctor told them it was possible

33 %

Patients who believe having sufficient knowledge about the side effects of their medications

### Conclusion

This work, targeting the geriatric population, highlights probable over-prescription at hospital admission and indicates that most patients would be favorable to a deprescription on medical advice.

#### References

1. Ammerman C. A., Simpkins B. A., et al. Potentially Inappropriate Medications in Older Adults: Deprescribing with a Clinical Pharmacist. JAGS 2019;67:115-18 2. Reeve J., Maden M., et al. Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis, Health Technol Assess 2022;26:1-148

3. Cadogan C. A., et al, Appropriate Polypharmacy and Medicine Safety: when Many is not Too Many, Drug Saf 2016;36:109-116 4. Spinewine A., Tokandji Rostand A., Consommer moins de médicaments et mieux. Un impératif éducationnel et environnemental. Louvain Med 2024 ;143(1) :63-67

5. Roux B., Rakheja B., et al. Attitudes and beliefs of older adults and caregivers towards deprescribing in French-speaking countries: a multicenter cross-sectional study, Eur J Hosp Phama 2022;78(10): 1633-1646

6. Mestres C., Agusti A., et al., Prescription of potentially inappropriate drugs for geriatric patients in long-term care: improvement through pharmacist's intrevention, European Journal of Hospital Pharmacy 2015;22(4): 198-201