

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 **1** and subjective motivations **2** for deprescribing in geriatric population.

Methods

We quantified data collected through two studies :

From January 1 to January 31, 2023

From February 15 to April 11, 2024

1 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

2 DI-Prescribe 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 functional or cognitive impairment
 - Inability to understand and express oneself in French

Results

1

Retrospective observational study

Number of patients, n	Age (yr), mean ± SD	Number of medications per patient at hospital admission, mean ± SD	Rate of patients concerned by the deprescription	The number of medications recommended to be deprescribed per patient was 1.4 ± 1.2 (mean ± SD).
78	84.5 ± 6.6	8.9 ± 3.3	<ul style="list-style-type: none"> 25.6 % Deprescription wasn't recommended 74.4 % Deprescription was recommended 	<ul style="list-style-type: none"> Benzodiazepines were the medication category most affected by deprescription recommendation

2

DI-Prescribe cross-sectional study

Number of patients, n	Age > 85 years old, %	Number of medications per patient, mean ± SD (number of respondents = 22)	Questionnaire results on subjectives motivations
24	46	7.2 ± 2.3	<ul style="list-style-type: none"> 88 % 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.

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