

PO66 POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN VERY OLD PATIENTS

AUTHORS

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Background: Ageing represents a worrying demographic phenomenon of modern societies. Ageing is associated with a gradual decrease in physiological reserves and increased risk of many diseases, leading to multimorbidity and polypharmacy (≥ 5 drugs).

Multiple studies have shown a relationship between polypharmacy and potentially inappropriate medications (PIM) - medications or medication classes that should generally be avoided in patients 65 years or older because they are either ineffective or pose unnecessary high risk and a safer alternative is available.

Beers criteria are a widely used tool which enable providers to a safe prescription.

Aims: 1- To determine the prevalence of polypharmacy and PIMs in very old patients (≥ 80 years) of a Portuguese Family Health Unit (FHU), applying Updated 2012 Beers Criteria by the American Geriatric Society; 2 - To verify if there is an association between polypharmacy and PIMs.

Methods: Cross-sectional study. Population: all elderly subjects aged ≥ 80 years old registered in the FHU ($n=419$). Exclusion criterion: patients without any prescription by one of the FHU's doctors during the chosen period of data collection. Electronic medical records were assessed to collect age, sex, number of chronic diseases, number of chronic medications and PIMs prescribed between September 2016 and August 2017. Software: Excel 2007® and SPSS 21.0. Test: Chi-squared test (I.s. 5%).

Results: 347 patients were included in the sample, with a mean age of 87.7 years ($SD = 3.7$), 63.1 % being female. The mean number of chronic diseases per patient was 4.9 ($SD = 2.7$). Polypharmacy was found in 74.9% of the subjects, with a mean number of drugs per person of 6.6 ($SD=3.1$). A total of 182 (52.4 %) subjects were prescribed at least one PIM. Benzodiazepines and nonsteroidal anti-inflammatory drugs were the drug classes more frequently prescribed. We observed a statistically significant association between polypharmacy and PIMs ($p < 0.001$).

Discussion: Medication toxic effects and drug related problems can have profound medical and safety consequences in older patients. The obtained results evidence a concerning prevalence of polypharmacy and PIMs. This study triggered an urgent quality improvement cycle with future clinical audits in our FHU.

PO91 WHAT DO YOUNG DOCTORS KNOW OF PALLIATIVE CARE; HOW DO THEY BELIEVE THE CONCEPT SHOULD WORK?

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KEYWORDS

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Introduction: Education in the relatively modern discipline of palliative care is still evolving in developed parts of the world while it remains at an infantile stage in developing countries like Sri Lanka which has not also been formally assessed as of today.

Aims: To evaluate the level of palliative care knowledge among young medical graduates and to identify their opinions on the discipline.

Methods: A descriptive cross-sectional study was carried out among pre-internship medical graduates of Sri Lanka through a social media based on-line survey. The sample size recruited was 351. The pre-tested questionnaire contained questions with regards to general principles, service organization, management, ethics related to palliative care and their opinions.

Analysis: The results were analysed in the form of average and percentage scores overall and in each domain.

Results: The average score among the respondents was 37.25% with a standard deviation(SD) of 11.975. Specific knowledge on "general principles" was adequate (score $\geq 50\%$) with an average of 62.61%,SD=24.5 while "ethics" was observed to be the area with poorest knowledge (average score=19.55%,SD=22). Average scores for "service organization" and "managerial aspects" were 34.54%,SD=17.6 and 32.26%,SD=22.3 respectively. The majority ($\geq 90\%$) believed that de-novo establishment of hospice, hospital and community-based palliative services would sustainably improve holistic patient care.

Inference: The fresh medical graduates are poorly knowledgeable about the basic concepts of palliative care and end-of- life issues. A sound palliative academic programme must be incorporated into the undergraduate medical curricula. It is worthwhile to assess the adequacy of learning of Palliative Care through postgraduate curricula.