Beyond the Prescription: Understanding Polypharmacy

LSU Health SHREVEPORT Health Sciences Center

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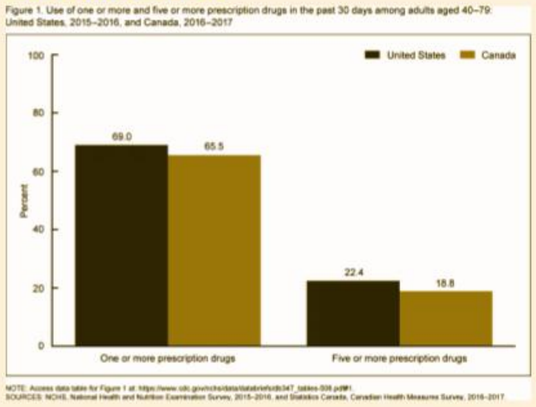
BACKGROUND



In the US, from 1994 to 2014, the proportion of older adults talking five or more medications has tripled, from **13.8% to 42.4%**

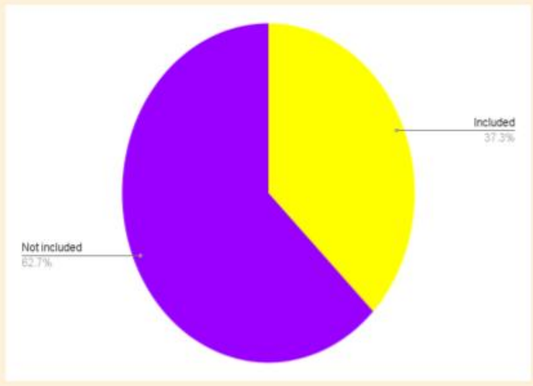
Efforts to encourage the implementation of deprescribing in clinical practice continue to be hindered by the **lack of high-quality robust trials** to inform the evidence on safety and efficacy.

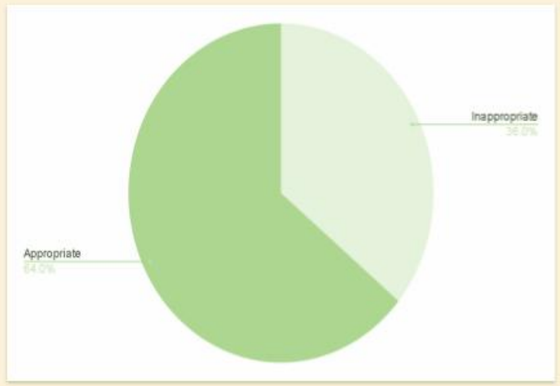
The knowledge of the efficacy and safety of withdrawing medication is required to inform implementation strategies such as deprescribing interventions across settings.

The introduction of national policies to encourage deprescribing may be beneficial. However, it would be important to establish the **effectiveness of these policies in different contextual settings.**

PRE INTERVENTION DATA

- We analysed a total of 91 charts of patients older than 65 years of age and total 100 patients over 62 years of age based on our inclusion criteria of:
- Age>62, community dwelling adults on more than 5 medications and not more than 5- comorbidities and also excluded vulnerable populations.
- During our study, we had several team meetings where each member independently discussed several topics and latest updates in polypharmacy as well as the challenges faced during the process of addressing and controlling polypharmacy.
- We found that all our patients were on a minimum of 5 medications with a maximum of 26 medications for one patient.Only 37.3% of our charts 34/91 included reconciling medications for 42 percent (39/91 included), 36 percent of medications were inappropriate per BEERS criteria.





AIM

The aim of this project is to **evaluate residents' perceptions of deprescribing** and to determine the percentage of residents and staff unfamiliar with the deprescribing toolkit and protocol.

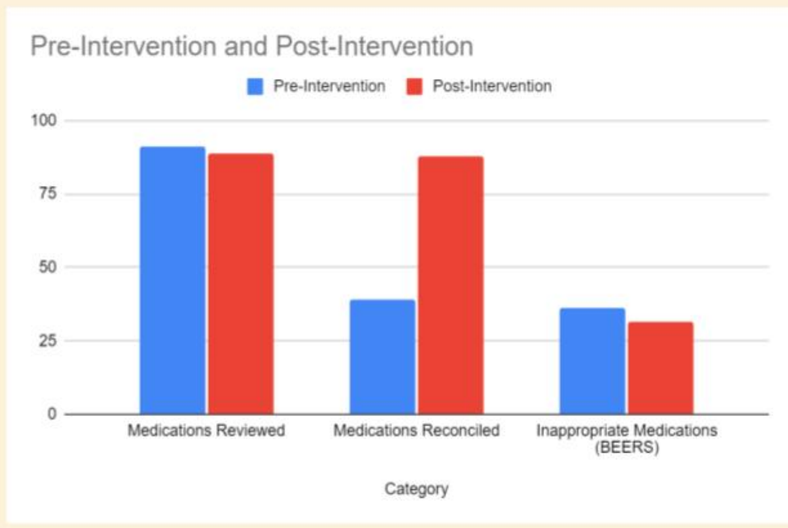
Additionally, **we will measure deprescribing compliance** in older adults and identify factors affecting adherence to deprescribing guidelines.

POST INTERVENTION

We analyzed a total of 73 charts of patients older than 65 years of age based on our inclusion criteria

We found after our didactic sessions our patients had an average of minimum 3 medications and maximum of 18 medications and an average of **8.2 medications down from 9.8**

Out of overall pre intervention that we were reviewing we reviewed 89 percent charts, reconciling medications for 88 percent , 31.4 percent of medications were inappropriate per BEERS criteria.



OUR PROCESS

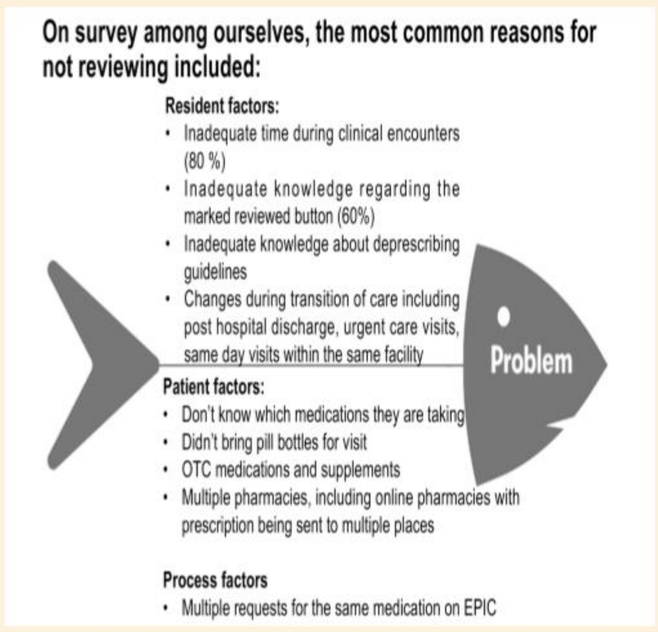
Step 1: Defining Target Audience-Healthcare Professionals (residents) in a hospital or community setting.

Step 2: Needs Assessment Pre-Intervention Survey and identified gaps

Step 3:Delivery Method- presentation covering the theory, interactive discussion and materials including powerpoint and handouts

Step 4: Evaluation-Post-Intervention Survey:

Assess changes in knowledge and attitudes towards polypharmacy after the intervention and ask for feedback on effectiveness.



REFERENCES

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