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Selección de artículos

REVISTAS GERIÁTRICAS

BMC GERIATRICS

Implementing a novel strategy for interprofessional medication review using collegial mentoring and systematic clinical evaluation in nursing homes (COSMOS)

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Abstract

Background
Multimorbid patients in nursing homes are prescribed long lists of medication, often without sufficient clinical evaluations beforehand. This results in poor clinical effects of the prescribed medication and significant side-effects, especially in patients with impaired cognition. The aim of this paper is to describe the process, content and implementation of a clinical medication review encompassing clinical testing and collegial support to prescribers.

Methods
The implementation process of a novel approach to medication review in nursing homes was logged thoroughly by structured staff feedback. Staff experienced promotors and barriers to implementation also were collected. The study was part of a cluster randomized controlled trial, in which 36 long-term care units received the COSMOS intervention. Nurses and physicians randomized to the intervention group participated in educational programs, training in clinical evaluation of the patients, and interprofessional medication review with collegial mentoring.

Results
The intervention group contained 297 patients from 36 nursing home units. There were 105 staff attendees for the education program. The units were served by 21 different physicians. Clinical medication reviews were performed in all units and all patients were assessed prior to the medication reviews. Of the 240 patients with a logged intervention process, 220 (92%) underwent a medication review. The intervention generated enthusiasm and improved communication among nursing staff and between nursing staff and physicians. The interprofessional discussions helped to facilitate difficult decisions pertaining to treatment levels. Reported barriers were lack of time, low engagement of all nursing staff and physicians, and ethical dilemmas.

Conclusions
Clinical medication reviews were implemented for almost all patients, and every patient was systematically assessed prior to the medication review. The physicians perceived collegial mentoring as an asset, learning from each other facilitated decision making in terms of difficult aspects of prescribing. Knowledge about barriers and promotors can improve implementation of similar interventions in other nursing homes.

Trial registration
Clinicaltrials.gov (NCT02238652)

Disponible en: https://bmcgeriatr.biomedcentral.com/track/pdf/10.1186/s12877-019-1139-6

REVISTA ESPAÑOLA DE GERIATRÍA Y GERONTOLOGÍA

Uso potencialmente inapropiado de fármacos en cuidados paliativos: versión en castellano de los criterios STOPP-Frail (STOPP-Pal)

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Resumen

La polimedicación y la utilización inapropiada de medicamentos en los pacientes mayores con enfermedad en fase terminal constituyen un grave problema sanitario, tanto por el incremento de efectos adversos prevenibles como por los costes sanitarios asociados a los mismos.

Existen diferentes publicaciones que recomiendan la suspensión de determinados medicamentos cuando la esperanza de vida es limitada y el objetivo terapéutico no es la prevención ni la curación, sino el control de los síntomas. Recientemente se han publicado una lista de criterios explícitos (STOPP-Frail) que pueden ayudar al médico prescriptor a la toma de decisiones en la deprescripción de determinados fármacos en pacientes de edad avanzada y con enfermedad en fase terminal.

En este artículo se presenta la versión traducida al castellano de los STOPP-Frail que pasará a llamarse STOPP-Pal para evitar confusiones con el concepto de fragilidad más utilizado.

Disponible en: https://www.sciencedirect.com/science/article/pii/S0211139X18307170

DRUGS AND AGING

Ginkgo biloba Extract (EGb761), Cholinesterase Inhibitors, and Memantine for the Treatment of Mild-to-Moderate Alzheimer's Disease: A Network Meta-Analysis

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Abstract

Background
Cholinesterase inhibitors (ChEIs) and memantine have been reported to provide modest benefits for cognition and aspects of functioning in Alzheimer's disease (AD). Ginkgo biloba extract (EGb761), a phytomedicine, is widely used and expected to be well-tolerated. A few trials have compared EGb761 with ChEIs, and the results were inconclusive.

Objective
A network meta-analysis was conducted to evaluate the therapeutic benefits and tolerability of EGb761, three ChEIs (donepezil, galantamine, and rivastigmine), and memantine in mild-to-moderate AD patients.

Methods
Electronic databases were searched through 30 June 2017. We included randomized double-blinded trials with a minimum treatment duration of 22 weeks for EGb761 240 mg/day and 12 weeks for ChEIs or memantine. The study patients included AD or probable AD patients without other types of dementia or neurological disorders. Cognition, function, and behavior symptoms were compared between treatments using the standardized mean difference (SMD). Clinical global impression, treatment discontinuation, and adverse events were compared between treatments using the relative risk (RR). Statistical pooling of the individual trial results was conducted using a frequentist approach. The probability of being the best for a treatment was estimated using surface under the cumulative ranking.

Results
EGb761 and memantine showed no therapeutic benefits in all study outcomes. For cognition, all ChEIs were significantly better than placebo (SMD from − 0.52 to − 0.26), and galantamine was better than rivastigmine in the oral and patch forms, EGb761, and memantine (SMD [95% confidence interval (CI)]: − 0.22 [− 0.40 to − 0.05]; − 0.26 [− 0.45 to − 0.07]; − 0.34 [− 0.56 to − 0.12]; and − 0.42 [− 0.71 to − 0.13], respectively). Compared to placebo, galantamine, the rivastigmine patch, and oral rivastigmine provided modest functional benefits (SMD, from 0.21 to 0.24), and galantamine provided behavioral benefits (SMD [95% CI]: − 0.15 [− 0.26 to − 0.04]). All ChEIs provided a better improvement in clinical global impression than placebo (RR from 1.20 to 1.69). The global impression ratings were more improved with donepezil than with galantamine (RR [95% CI]: 1.40 [1.09–1.80]) or with EGb761 (RR [95% CI]: 1.40 [1.06–1.85]), with a 96% probability of donepezil being more effective than the other study agents. Rivastigmine in oral and patch forms, galantamine, and donepezil had a higher risk of being discontinued than placebo (RR [95% CI]: 2.14 [1.49–3.06]; 2.04 [1.30–3.20]; 1.79 [1.28–

2.49]; 1.49 [1.03–2.17], respectively). Discontinuation of EGb761 was not statistically lower than that of the ChEIs, in which donepezil had the lowest probability (38%) of being discontinued.

Conclusion
EGb761 and memantine showed no treatment benefits compared to placebo and ChEIs. Galantamine provided the highest beneficial effect on cognition and behavioral symptoms. Donepezil provided a better clinical global impression and tolerability than the other ChEIs and EGb761, with a similar benefit for cognition as galantamine.

Disponible en: https://link.springer.com/article/10.1007/s40266-019-00648-x

JOURNAL OF GERIATRIC ONCOLOGY

Immunotherapy and targeted therapies in older patients with advanced melanoma; Young International Society of Geriatric Oncology review paper

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Abstract

Malignant melanoma is an aggressive cancer associated with a poor prognosis in patients with metastatic disease. As in many other cancers, the incidence of melanoma rises with age; and combined with the longer life expectancy, this led to an increasing prevalence of melanoma in the older population. Recently, immune checkpoint inhibitors significantly improved the treatment of melanoma given their efficacy and tolerability profile. Two major classes of agents include the anti-cytotoxic T lymphocyte-associated protein 4 (CTLA-4) inhibitors, such as ipilimumab, and the anti-programmed death-ligand 1 (PD-1) inhibitors, such as nivolumab and pembrolizumab. Treatment of metastatic disease with immune checkpoint inhibitors demonstrated improved efficacy and better safety profiles compared to cytotoxic drugs and appears to be an attractive treatment option. Nevertheless, there is a need for tools designed to better predict which older patients will benefit from its use and who will experience toxicities related to the treatment. Current data do not show a major increase in toxicity rates in older patients. However, patients above 75 are often under-represented and those who are included are not representative of the general population of older patients, thereby also stressing the need for real-life data. Ongoing research is aiming at maximizing the potential treatment efficacy and developing novel immune-targeting modalities. Future studies should include older patients and assess geriatric domains in these older patients to better guide decision-making. This review discusses published clinical trials and where known, the efficacy and toxicity in older patients. Moreover, the clinical implications and future perspectives are discussed, with current recommendations for older patients, management of toxicities, and a proposal for an initial approach to the treatment of older patients with metastatic melanoma.

Disponible en: https://www.geriatriconcology.net/article/S1879-4068(18)30196-6/fulltext

REVISTAS FARMACÉUTICAS

BRITISH JOURNAL OF CLINICAL PHARMACOLOGY

Health care professionals' attitudes towards deprescribing in older patients with limited life expectancy: A systematic review

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Abstract

Aims

The aim of this systematic review was to explore health care professionals' attitudes towards deprescribing in older people with limited life expectancy.

Methods

A systematic literature search was conducted from inception to December 2017 using MEDLINE, EMBASE and CINAHL. Studies were included if they specifically concerned older people (≥65 years) with limited life expectancy, including those residing in any type of aged care facility, or were based on representative patient profiles. Results were analyzed inspired by the Joanna Briggs Institute's method for synthesis of qualitative data. Studies were characterized using a checklist for reporting of qualitative research.

Results

Eight studies were included. Six studies explored health care professionals' views on deprescribing in general, and two studies focused specifically on psychotropic agents. All eight studies explored the views of physicians, mostly general practitioners, while three studies also considered other health care professionals. Four themes related to health care professionals' attitudes towards deprescribing were identified: (i) patient and relative involvement; (ii) the importance of teamwork; (iii) health care professionals' self-assurance and skills; and (iv) the impact of organizational factors. Within each of these themes, 3–4 subthemes were identified and analysed.

Conclusions

Our results suggest that health care professionals' decisions to engage in deprescribing activities with older people with limited life expectancy depend on multiple factors which are highly interdependent. Consequently, there is an urgent need for more research on how to approach deprescribing in clinical practice within this population.

Disponible en: https://bpspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/bcp.13861

FARMACIA HOSPIATALARIA

Variabilidad de la prestación farmacéutica a centros sociosanitarios residenciales desde los servicios de farmacia de hospital

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Resumen

Objetivo
Analizar la situación y la posible variabilidad de la prestación farmacéutica a centros sociosanitarios residenciales públicos incluidos en un proyecto piloto vinculados a un servicio de farmacia de hospital del Servicio Andaluz de Salud.

Método
Estudio multicéntrico transversal. Se diseñó un cuestionario que incluye preguntas englobadas en: características del centro, legislación, guía farmacoterapéutica y prescripción, preparación y transporte, dispensación, administración, actividad farmacéutica y datos asistenciales.

Resultados
Se incluyeron los 13 centros del proyecto piloto; todos respondieron las 36 preguntas del cuestionario. Todos disponían de depósito de medicamentos. Todos dispensaban en dosis unitaria individualizada. Tres centros sociosanitarios no disponían de puesto de trabajo para el farmacéutico. El farmacéutico no se desplazaba al centro en tres de ellos.

Conclusione
Aunque existe cierta variabilidad en la prestación farmacéutica a los centros sociosanitarios del pilotaje, se han identificado tanto fortalezas (por ejemplo, dispensación de medicamentos en dosis unitaria), como puntos de mejora (como el aumento de la presencia del farmacéutico en los centros).

Disponible en: https://www.sefh.es/fh/184_03original0111104esp.pdf