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ARCHIVES OF GERONTOLOGY AND GERIATRICS

Assessment of potentially inappropriate medications in elderly according to Beers 2015 and STOPP criteria and their association with treatment satisfaction

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Abstract

Objective

To assess and compare, according to Beers and STOPP criteria, the frequency and causes of potentially inappropriate medications (PIMs) in elderly, as well as the relationship between PIMs use and patient's treatment satisfaction, evaluated using the Treatment Satisfaction Questionnaire for Medications (TSQM).

Method

350 patients (mean age = 73.49 years), taking a total of 1893 medications, were enrolled from community pharmacies.

Results

6.2% and 20.4% of the medications were inappropriate according to the STOPP and Beers lists respectively; 103 (29.4%) and 210 (60%) patients had at least one PIM according to STOPP and Beers criteria respectively. The most common cause of PIM was a full dose of proton pomp inhibitor for >8 weeks (STOPP) and using a drug that exacerbates/causes syndrome of inappropriate antidiuretic hormone secretion (Beers). The number of medications taken by the participant, advanced age, female gender, prescription of medications for anxiety/depression, ulcers/gastroesophageal reflux, rheumatoid arthritis and epilepsy significantly increased the PIMs number.

When using STOPP criteria, all TSQM subscale scores were significantly lower among patients with PIM use compared to those without PIM. The same trend was observed for Beers critertia, with a significant difference reached for side effects and convenience subscales only.

Conclusion

Selecting the appropriate tools to assess PIMs, prescribers and patient education regarding the risks associated with PIMs, and patient's perception and satisfaction regarding his treatment, are critical issues to be addressed among older adults.

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BMC Geriatrics

Prevalence and predictors of vitamin D-deficiency in frail older hospitalized patients

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Abstract

Background

Vitamin D deficiency is known to be highly prevalent in older persons. However, the prevalence in the subgroup of frail older hospitalized patients is not clear. We sought to investigate the prevalence and predictors of vitamin D deficiency in frail older hospitalized patients.

Methods

217 consecutively geriatric hospitalized patients with routine measurements of 25-hydroxyvitamin D [25 (OH)D] at hospital admission were analyzed retrospectively, including information of previous vitamin D supplementation and the geriatric assessment. Serum 25 (OH)D concentrations < 20 ng/ml and between 20 and 29.99 ng/ml were classified as deficient and insufficient, respectively, whereas concentrations ≥30 ng/ml were considered as desirable. A stepwise binary logistic regression model was performed to assess the simultaneous effects of age, gender and geriatric assessments on the prevalence of low vitamin D concentration.

Results

Mean age of the cohort was 81.6 ± 8.0 years (70.0% females). Mean serum 25(OH)D was 12.7 ± 12.9 ng/ml. Of 167 (77%) subjects without known previous vitamin D supplementation, only 21 (12.6%) had serum concentrations ≥20 ng/ml and only 8 (4.2%) had desirable serum concentrations ≥30 ng/ml. In total population, 146 (87.4%) participants were vitamin D deficient. Despite vitamin D supplementation, 22 of 50 participants (44.0%) were vitamin D deficient and only 19 (38.0%) had desirable concentrations of ≥30 ng/ml. In a stepwise logistic regression analysis, only previous intake of vitamin D supplementation and high Geriatric Depression Scale score (GDS-15) were significantly associated with vitamin D deficiency.

Conclusions

In the group of frail older hospitalized patients without previous vitamin D supplementation, the prevalence of inadequate vitamin D concentrations is extremely high. Therefore, usefulness of the routine measurement of vitamin D status before initiating of supplementation appears to be questionable in this patient group.

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BRITISH JOURNAL OF CLINICAL PHARMACOLOGY

Appropriateness of oral anticoagulant therapy prescription and its associated factors in hospitalized older people with atrial fibrillation

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Abstract

Aims

Although oral anticoagulants (OACs) are effective in preventing stroke in older people with atrial fibrillation (AF), they are often underused in this particularly high-risk population. The aim of the present study was to assess the appropriateness of OAC prescription and its associated factors in hospitalized patients aged 65 years or older.

Methods

Data were obtained from the retrospective phase of Simulation-based Technologies to Improve the Appropriate Use of Oral Anticoagulants in Hospitalized Elderly Patients With Atrial Fibrillation (SIM-AF) study, held in 32 Italian internal medicine and geriatric wards. The appropriateness of OAC prescription was assessed, grouping patients in those who were and were not prescribed OACs at hospital discharge. Multivariable logistic regression was used to establish factors independently associated with the appropriateness of OAC prescription.

Results

A total of 328 patients were included in the retrospective phase of the study. Of these, almost 44% (N = 143) were inappropriately prescribed OACs, being mainly underprescribed or prescribed an inappropriate antithrombotic drug (N = 88). Among the patients prescribed OACs (N = 221), errors in the prescribed doses were the most frequent cause of inappropriate use (N = 55). Factors associated with a higher degree of patient frailty were inversely associated with the appropriateness of OAC prescription.

Conclusions

In hospitalized older patients with AF, there is still a high prevalence of inappropriate OAC prescribing. Characteristics usually related to frailty are associated with the inappropriate prescribing. These findings point to the need for targeted interventions designed for internists and geriatricians, aimed at improving the appropriate prescribing of OACs in this complex and high-risk population.

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THE CONSULTANT PHARMACIST

Medication Regimen Complexity Index in the Elderly in an Outpatient Setting: A Literature Review

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Abstract

Objective

To review current literature reporting outcomes associated with utilization of the Medication Regimen Complexity Index (MRCI) with older adults in an outpatient setting.

Data sources

The National Library of Medicine via PubMed, International Pharmaceutical Abstracts, and the Cochrane Database were used to identify clinical trials evaluating outcomes associated with utilization of the MRCI. The medical subject heading terms “geriatrics” and “medication adherence” were used in combination with key terms “medication regimen complexity index” and “medication complexity.”

Study selection/data extraction

Seventy-five articles met the search criteria and were reviewed. Studies were included if they had MRCI-related outcomes and were performed in patients 60 years of age and older in an outpatient setting. Eleven articles met the stated criteria.

Data synthesis

Higher MRCI scores may be associated with increased mortality rates, medication nonadherence, and unplanned hospitalizations; however, when compared with medication number, MRCI did not better predict increased medication nonadherence and unplanned hospitalizations.

Conclusion

The MRCI is a useful tool to determine medication complexity; however, current literature is limited by its observational design. Also, MRCI does not take into account potential factors such as high-risk medications and comorbid conditions, which may affect MRCI scores; therefore, additional trials are warranted before suggesting pharmacists implement this tool in their everyday practice.

Disponible en: http://www.ingentaconnect.com/contentone/ascp/tcp/2018/00000033/00000009/art00003

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Oropharyngeal Dysphagia in Community-Dwelling Older Patients with Dementia: Prevalence and Relationship with Geriatric Parameters

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Abstract

Objectives

To define the prevalence of oropharyngeal dysphagia (OD) in community-dwelling older persons with dementia, using V-VST (Volume-Viscosity Swallow Test), the reference clinical screening test for swallowing disorders, to assess the feasibility of the V-VST in an ambulatory care setting, to search for associations between geriatric parameters and OD, and to identify a relationship between severities of cognitive impairment and OD.

Design

Prospective, monocentric study.

Setting

Population from a geriatric outpatients clinic.

Participants

Patients older than 70 with a diagnosis of dementia (NINCDS-ADRDA criteria), effective cough, and ability of voluntary swallowing for testing.

Measurements

OD screening was realized using V-VST during consultation. Severity of cognitive impairment was estimated by the MMSE and severity of OD by the Dysphagia Outcome Severity Scale (DOSS). Six geriatric domains were evaluated (comorbidities, functional abilities, cognition, nutrition, mood disorders, frailty).

Results

117 patients participated in the study (77 women, mean age = 84.5 ± 5.1 years). Prevalence of OD was 86.6%. Among the 97 patients with OD, 3 (3.1%) had only safety impairment, 52 (53.6%) had only efficacy impairment and 42 (43.3%) had both. The mean time necessary to realize V-VST was 8.7 ± 2.7 minutes with a rate of success of 96%. Dependency was independently associated with OD [odds ratio (OR) 4.8; 95% confidence interval (CI) 1.5-15.9; $P < .05$], and age and grip strength were associated with safety impairment (OR 1.1; 95% CI 1.0-1.2 and OR 1.9; 95% CI 1.2-3.2 respectively; both $P < .05$). No significant relationship was found between severity of OD and severity of cognitive impairment.

Conclusion

OD is very frequent in community-dwelling older persons with dementia and is associated with dependency and frailty. The V-VST is an easy-to-perform and well tolerated screening test in this population and therefore should be systematically included in the geriatric assessment of older persons with dementia. The role of V-VST in therapeutic strategies of OD remains to be evaluated.

Disponible en: https://www.jamda.com/article/S1525-8610(18)30205-6/fulltext