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Grupo Trabajo Paciente Crónico de la semfh

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Preselección de artículos

REVISTAS GERIÁTRICAS

DRUGS AND AGING

Prevalence and Factors Associated with Analgesic Prescribing in Poly-Medicated Elderly Patients

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Abstract

Background
Pain is common in older patients and management guidelines rarely consider the effect of multiple comorbidities and concurrent medications on analgesic selection.

Objective
The objectives of this study were to identify the prevalence and pattern of analgesic prescribing and associated factors in older patients with polypharmacy.

Methods
Older patients (aged ≥ 75 years) admitted to the Royal Adelaide Hospital between September 2015 and August 2016 and with polypharmacy were included and their comorbidities and medications prescribed at discharge were recorded. Drug Burden Index and Charlson Comorbidity Index were calculated. The number of medications that increased the risk of orthostatic hypotension were recorded. Logistic regression was used to compute the association between analgesic use and participant characteristics, and results were presented as odds ratios and 95% confidence intervals, adjusted for age, sex, Charlson Comorbidity Index, Drug Burden Index and orthostatic hypotension.

Results
Over 15,000 admissions were identified, of which 1192 patients were included, 824 (69%) of whom were prescribed an analgesic medication. Paracetamol (used by 89% of analgesic users), opioids (34%) and adjuvants (17%) were used more frequently than non-steroidal anti-inflammatory drugs (8%). Analgesic users had a higher Drug Burden Index, were prescribed more medications and were less likely to be male compared with non-users. Charlson

Comorbidity Index across the cohort was high (7.3 ± 1.9) but there was no difference between analgesic users and non-users, but analgesic users were more likely to have a documented diagnosis of osteoarthritis, osteoporosis and falls. Opioid use was associated with the Drug Burden Index, while adjuvant use was associated with orthostatic hypotension. Opioid use was associated with having a diagnosis of osteoporosis and falls.

Conclusions
In our cohort of poly-medicated elderly patients, prescription of analgesic medications was common, and these patients are likely to have an increased rate of adverse drug reactions and falls compared with those who were not prescribed analgesic medications.

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Adverse Effects of Anticholinergic Drugs on Cognition and Mobility: Cutoff for Impairment in a Cross-Sectional Study in Young–Old and Old–Old Adults

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Abstract

Background
Drugs with anticholinergic properties are commonly prescribed in older adults despite growing evidence of their adverse outcomes. Several issues regarding these detrimental effects remain unresolved, such as the putative existence of a threshold above which anticholinergic drug consumption impairs cognitive or mobility performance.
We aimed to investigate the number of anticholinergic drugs and the anticholinergic burden that leads to mobility or cognitive impairment and compare the effects in community-dwelling older adults in two age groups ("young–old" 55–74 vs. "old–old" ≥ 75 years).

Methods
In a cross-sectional study, we identified drugs with anticholinergic (antimuscarinic) properties using the Anticholinergic Drug Scale. Cognition was assessed using the Mini Mental State Examination (MMSE) and the Trail Making Test (TMT-A and TMT-B), and mobility was assessed using the Timed Up and Go (TUG) test.**Results**
The pharmacists recorded the management of 1810 of the 2589 generated alerts, and 158 (8.7%) alerts were associated with a persistent drug therapy change. A logistic regression analysis found that the drug triggering the alert and the type of prescription [first dispensing vs. repeat; odds ratio 2.1 (95% confidence interval 1.4–3.2)] were significantly associated with persistent drug therapy changes. No association was found between persistent changes and age, sex, number of medicines in use, or recent clinical medication review. Analysis of the interviews revealed nine barriers and facilitators associated with drug therapy change.

Results

The study population consisted of 177 volunteers, 114 of whom were classed as young–old and 63 were classed as old–old adults. Despite the lack of cutoff values for impaired outcomes in young-old adults, impaired MMSE were significantly more numerous in users than in nonusers of anticholinergic drugs. In old–old adults, receiver operating characteristic (ROC) curve analysis indicated that taking a single anticholinergic drug per day was associated with impaired TMT-B completion time, TMT difference score (B–A), and TUG scores. The cutoff for anticholinergic burden was also one for these same outcomes. Based on these cutoff values, multivariate logistic regressions in old–old adults showed that the increased risk of impaired cognition and mobility was independent of confounding factors, including comorbidities. They also suggested that anticholinergic drugs would affect mobility through executive functions.

Conclusions
Drugs with anticholinergic (antimuscarinic) properties are associated with cognitive impairment in individuals as young as 55 years, and only one such drug per day, regardless of its anticholinergic burden, is associated with both impaired cognition and impaired mobility in old–old adults. Therefore, wherever possible, clinicians should avoid prescribing drugs with anticholinergic properties.

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JOURNAL OF THE AMERICAN GERIATRICS SOCIETY

Geriatric Conditions Predict Discontinuation of Anticoagulation in Long-Term Care Residents With Atrial Fibrillation

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Abstract

BACKGROUND

Anticoagulation (AC) for stroke prevention in long-term care (LTC) residents with atrial fibrillation (AF) involves a challenging risk-benefit evaluation. We measured the association of geriatric conditions with discontinuation of AC.

DESIGN

Retrospective cohort analysis.

SETTING

LTC facilities across the United States.

PARTICIPANTS

A total of 48 545 individuals residing in LTC facilities in 2015 with AF and sufficient information to establish their status as someone who stopped AC vs someone who continued AC.

MEASUREMENTS

We measured the association of six geriatric conditions—recent fall, severe activity of daily living (ADL) dependency (21-28 on a 28-point scale), mobility impairment, cognitive impairment, body mass index (BMI) less than 18.5 kg/m2, and weight loss (≥5% in 1 month or ≥10% in 6 months)—with discontinuation of AC. To identify cases of discontinuation, we required a pattern of being on AC over two consecutive recordings of the Minimum Data Set, the nursing home quality control data set recorded every 90 days, followed by two assessments being off AC—pattern of "on-on-off-off." By contrast, we required a pattern of "on-on-on-on" for continuers. We then constructed six logistic regression models to measure the independent association between each geriatric condition and discontinuation of AC, adjusted for CHA2DS2-VASc stroke risk score, recent bleeding hospitalization, and other confounders.

RESULTS

There were 4172 discontinuers and 44 373 continuers. Recent fall predicted a 1.9-fold increase in the odds of discontinuation (odds ratio = 1.91; 95% confidence interval = 1.66-2.20), whereas mobility and cognitive impairment only increased the odds by 14% to 17%. Severe ADL dependency, BMI less than 18.5 kg/m2, and weight loss of 10% each increased odds of discontinuation by 55% to 68%. CHA2DS2-VASc score did not predict discontinuation.

CONCLUSION

Several geriatric conditions predicted discontinuation of AC, whereas CHA2DS2-VASc score did not. Future research should examine the association of geriatric conditions and discontinuation of warfarin discrete from newer anticoagulants and association of geriatric conditions with development of stroke and bleeding. J Am Geriatr Soc 68:717–724, 2020

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Deprescribing in Older People Approaching End of Life: A Randomized Controlled Trial Using STOPPFrail Criteria

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Abstract

OBJECTIVES

Older people approaching end of life are commonly prescribed multiple medications, many of which may be inappropriate or futile. Our objective was to examine the effect of applying the STOPPFrail, a recently developed deprescribing tool, to the medication regimens of older patients with advanced frailty.

DESIGN

Randomized controlled trial.

SETTING

Two acute hospitals in Ireland.

PARTICIPANTS

Adults 75 years or older (n = 130) with advanced frailty and polypharmacy (five or more drugs), transferring to long-term nursing home care.

INTERVENTION

A STOPPFrail-guided deprescribing plan was presented to attending physicians who judged whether or not to implement recommended medication changes.

MEASUREMENTS

The primary outcome was the change in the number of regular medications at 3 months. Secondary outcomes included unscheduled hospital presentations, falls, quality of life, monthly medication costs, and mortality.

RESULTS

Intervention (n = 65) and control group (n = 65) participants were prescribed a mean (plus or minus standard deviation [SD]) of 11.5 (±3.0) and 10.9 (±3.5) medications, respectively, at baseline. The mean (SD) change in the number of medications at 3 months was −2.6 (±2.73) in the intervention group and −.36 (±2.60) in the control group (mean difference = 2.25 ± .54; 95% confidence interval [CI] = 1.18-3.32; P < .001). The mean change in monthly medication cost was –$74.97 (±$148.32) in the intervention group and –$13.22 (±$110.40) in the control group (mean difference $61.74 ± $26.60; 95% CI = 8.95-114.53; P = .02). No significant differences were found between groups for any of the other secondary outcomes.

CONCLUSION

STOPPFrail-guided deprescribing significantly reduced polypharmacy and medication costs in frail older people. No significant differences between groups were observed with regard to

falls, hospital presentations, quality of life, and mortality, although the trial was likely underpowered to detect differences in these outcomes.

Disponible: https://onlinelibrary.wiley.com/doi/10.1111/jgs.16278

REVISTA ESPAÑOLA DE GERIATRÍA Y GERONTOLOGÍA

Sacubitril/Valsartan is useful and safe in elderly people with heart failure and reduced ejection fraction. Data from a real-word cohort

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Abstract

Background

HF elderly patients are underrepresented in Sacubitril/Valsartan HF trials, and the effect of S/V in real-life patients with advanced age is unknown. The aim of this study was to evaluate the use and safety of S/V in a real-word cohort of elderly patients.

Methods

We performed a prospective registry of patients who started S/V in clinical practice. We compared baseline characteristics, adverse events during follow-up and causes of S/V withdrawal according to age.

Results

A total of 427 patients started treatment with S/V: 222 (52.0%) < 70 years old, 140 (32.8%) between 70 and 79 and 65 (15.2%) ≥ 80. During a mean follow-up of 7.0 ± 0.1 months S/V was well tolerated, with no age-related differences in adverse events (26.8%, 25.9%, 23.1% respectively; p = 0.83). Symptomatic hypotension tended to be more frequent in the elderly (19.8%, 25.6%, 33.3% respectively; p = 0.17). The withdrawal of S/V was more frequent in younger patients (14.4%, 10.0%, 4.6% respectively; p = 0.05) and related to poor prognosis (HR 13.51, 95% CI 3.22–56.13, p < 0.001).

Conclusions

Sacubitril/Valsartan is useful and safe in elderly people with HF-rEF in real-life clinical practice, and withdrawal is associated to poor prognosis. The doses achieved are lower in elderly people.

Disponible en: https://www.sciencedirect.com/science/article/pii/S0211139X19301854

REVISTAS FARMACÉUTICAS

EUROPEAN JOURNAL OF CLINICAL PHARMACOLOGY

Anticoagulant and antiplatelet combined therapy in patients 75 years and over with atrial fibrillation: a prospective observational study assessing adherence to clinical guidelines

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Abstract

Objective

According to current guidelines on atrial fibrillation (AF), the addition of an antiplatelet therapy to an anticoagulant for a stable vascular disease does not decrease the ischaemic hazard but increases the risk of bleeding. The aim of the study was to assess compliance of practices with existing clinical guidelines concerning the use of anticoagulant-antiplatelet combined therapy in patients 75 years and over with AF.

Methods

This prospective observational study was carried out at the University Hospital of Strasbourg (France) between August 2016 and January 2017 with data collection on 1 day of every month. To be included, the patient had to be 75 years and over with AF and treated with anticoagulant-antiplatelet therapy. The population included all the patients admitted at the hospital excluding those from the Gynaecology-Obstetrics and Paediatrics departments. With regard to clinical ongoing guidelines (French, European, American and Canadian), the patients were sorted into three groups. Group 1: combined therapy in compliance with recommendations; Group 2: combined therapy debatable as to benefit-risk ratio; and Group 3: combined therapy not compliant with recommendations.

Result

Ninety-three out of 3307 patients 75 years and over received anticoagulant-antiplatelet combined therapy prior to their hospital admission. Thirty-two patients (34.4% – Group 1) had experienced an acute event and/or revascularisation within the past year. Twenty-four patients (25.8% – Group 2) had not experienced recent revascularisation and had stable coronary disease but were suffering from peripheral artery disease. Group 3 consisted of 37 patients (39.8%), none of which had experienced recent revascularisation or had unstable coronary disease. For all groups, the main dual therapy was acetylsalicylic acid + fluindione (59.1%).

Conclusion

In our study, 37 antiplatelet (39.8%) treatments could have been stopped. These results should spur prescribers into regular reassessment of combination antithrombotic therapy since it contributes to polypharmacy and increases the risk of adverse events.

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FARMACIA HOSPITALARIA

Prevalencia de diabetes mellitus tipo 2 y su tratamiento farmacológico en personas institucionalizadas en centros residenciales

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Objetivo:
Determinar la prevalencia de diabetes mellitus tipo 2 y sus características clínicas, tratamiento farmacológico específico y problemas derivados en personas institucionalizadas en centros residenciales.

Método:
Estudio observacional, transversal llevado a cabo en marzo de 2019 en seis centros residenciales en personas con diagnóstico de diabetes mellitus tipo 2. Se recogieron variables demográficas, clínicas y bioquímicas, tratamiento farmacológico específico y eventos de hipoglucemia y caídas el año anterior.

Resultados:
La prevalencia de diabetes mellitus tipo 2 fue del 21,7%. El 70,90% de los pacientes tuvieron una glucohemoglobina ≤ 7% el ultimo año, mostrando el 92% de los pacientes una fragilidad moderada-severa. Se encontraron 0,4 hipoglucemias/residente-año, siendo más frecuentes en pacientes insulinizados y en aquellos con función renal deteriorada. Sin embargo, no se encontraron más caídas en pacientes insulinizados ($p > 0,05$). El tratamiento de la diabetes fue adecuado de acuerdo a las recomendaciones de tratamiento en personas mayores.

Conclusiones:
Se observa una prevalencia de diabetes tipo 2 ligeramente inferior a lo encontrado en la literatura especializada, con un control estricto de la enfermedad y una apropiada adecuación farmacoterapéutica según las recomendaciones de la European Diabetes Working Party for Older People. Los pacientes insulinizados y aquellos con función renal deteriorada tienen mayor riesgo de hipoglucemia.

Disponible en: https://www.sefh.es/fh/194_11375esp20200408.pdf