IDENTIFICATION OF DRUG-RELATED PROBLEMS IN ELDERLY POLYMENDICATED PATIENTS

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Introduction

The prevalence of clinical manifestations and chronic diseases from aging contribute to the practice of polypharmacy, which is the use of five or more medications[1]. The utilization of multiple drugs contributes to the risk of loss of quality of life and negative health outcomes, interfering with the efficacy and safety of treatment, as well as reducing therapy adherence. In addition, the consumption of many medications can make the elderly more susceptible to drug interactions, cause adverse drug reactions and lead to failure in the treatment of therapy[2,3]. This study aimed to identify the prevalence of drug-related problems in elderly patients who use polypharmacy.

Material and Methods

This is an excerpt from the project: "Pharmacoeconomic evaluation of pharmacotherapeutic follow-up of elderly patients" (CAAE: 47742521.5.1001.5243), a randomized clinical trial on the pharmacoeconomic evaluation of pharmacotherapeutic follow-up of elderly patients polymedicated in a geriatric clinic. In this study, the participants were randomly divided into the control and intervention groups and evaluated regarding their knowledge of prescription, adherence to treatment, quality of life, and identification of drug-related problems. Pharmacotherapeutic follow-up was performed based on the Dáder methodology[4] and a Pharmaceutical Care Protocol was established and applied in the intervention group.

Results and Discussion

Fifty-two participants were selected for pharmaceutical follow-up, of which 27 belong to the control group and 25 to the intervention group. They received the first pharmaceutical appointment, where: sociodemographic data on the patient, health information, and drug therapy were collected and questionnaires were applied on the Level of information regarding prescribed drugs[5] (to measure knowledge about the prescription); Brief Medication questionnaire (BMQ)[6] questionnaire (to assess the treatment of medication); Instrument for Assessing attitude towards drug taking (IAAFTR)[7] (also for measuring the following) and the EQ-5D[8] quality of life questionnaire. The mean age of the participants is 76.19 years, 75% are female, 57.18% have a complete elementary school and the most prevalent chronic disease is Systemic Arterial Hypertension (HAS), present in 79.2% of participants. After applying the questionnaires regarding adherence to drug treatment, the BMQ observed that 65.64% of the participants had a low adherence or probable low adherence and in the IAAFTR instrument, 53.78% of the participants had negative attitudes regarding adherence. Regarding the level of knowledge about medications, 19.26% scored poorly, 55.93% regular, and 24.81% good. Together with this, the most prevalent drug-related problem (PRM) was the omission of doses (48%), followed by the frequency or

incorrect administration time, without changing the daily dose (40%), and undue discontinuation of the drug by the patient (36%).

Conclusion

The most prevalent drug-related problems characterize low drug therapy among polypharmacy elderly patients. This demonstrates the importance of pharmacotherapeutic follow-up to optimize therapy and promote rational use.

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