

SYMPOSIUM CHAIRMAN LECTURE

THE WAR AGAINST POLYPHARMACY- RETHINKING AND RE-EVALUATION NEEDED FOR EACH AND EVERY DRUG IN THE ELDERLY

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Background: Family physicians (FP) usually extrapolate from Clinical Practice Guidelines proven in adults to include elders in whom no EBM guidelines exist. However, as the extent of inappropriate medication use (IMU) correlates with age, comorbidity, disability & No. of medications, the therapeutic approach in elders requires new perceptions & rethinking. The geriatric-palliative (GP) approach for drug discontinuation (DD), proven effective in reducing polypharmacy in Nursing Departments was tested in community dwelling elders.

Methods: Using the GP algorithm in elders undergoing geriatric assessments and based on Patient/Guardian/Family (PGF) preferences and approval, as many “non-life-saving” DD were recommended for at least 3 months. During follow up (FU) every 3-6 months, adverse effects (AE), success rates of DD for each medication and all changes in health status were assessed.

Results: 70 elders were evaluated between 1/ 2005-6/2008; mean age 82.8 ± 6.9 , 92% independent//frail, 43 (61%) had ≥ 3 , 26% ≥ 5 co-morbidities. 71% suffered from ≥ 3 geriatric syndromes. Counting co-morbidities & syndromes together, 94% suffered from ≥ 3 , 79% >4 , 51% >6 different health problems. Subjects consumed 7.73 ± 3.7 medications (mean \pm SD, range 0-16). DD was recommended for 57.5% of all drugs (recommended DD 4.4 ± 2.5 drugs/elder). However, due to PGF/FP refusal only 47% (3.7 ± 2.5) were actually stopped (DD poor compliance- 18%). The mean FU was 19.2 ± 11.4 months. Only 5/256 DD had to be readministered (2% DD Failure). Eventually, successful DD was achieved in 80.7%. There were no significant AE. 80% of PGF reported medical-functional-mental-cognitive improvements (mostly noticed in the first month), in 37% improvement defined as significant, in 29% as outstanding. 10 elders (14%) died, mean age at death 88 years, FU 13 ± 9 months.

Conclusions: Many elders suffer from polypharmacy/IMU. As proven in nursing departments, implementation of the GP methodology in community elders enables simultaneous discontinuation of several medications, being both beneficial & safe without significant AE.