

IMPROVING PSYCHIATRY PRESCRIPTIONS AMONG ELDERLY PATIENTS: BENEFITS OF REDUCING POTENTIALLY INAPPROPRIATE PSYCHIATRIC PRESCRIPTIONS

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Background : Population ageing is one of the current challenges of psychiatry. Psychiatric prescriptions are common in elderly patients and these subjects are at a higher risk of interactions or side effects. Although potentially inappropriate psychiatric prescriptions (PIPP) are associated with risk of harm due to adverse effects they are commonly prescribed for elderly patients.

Aim: to determine the prevalence of PIPP and to evaluate the efficacy of reducing this PIPP in elderly patients

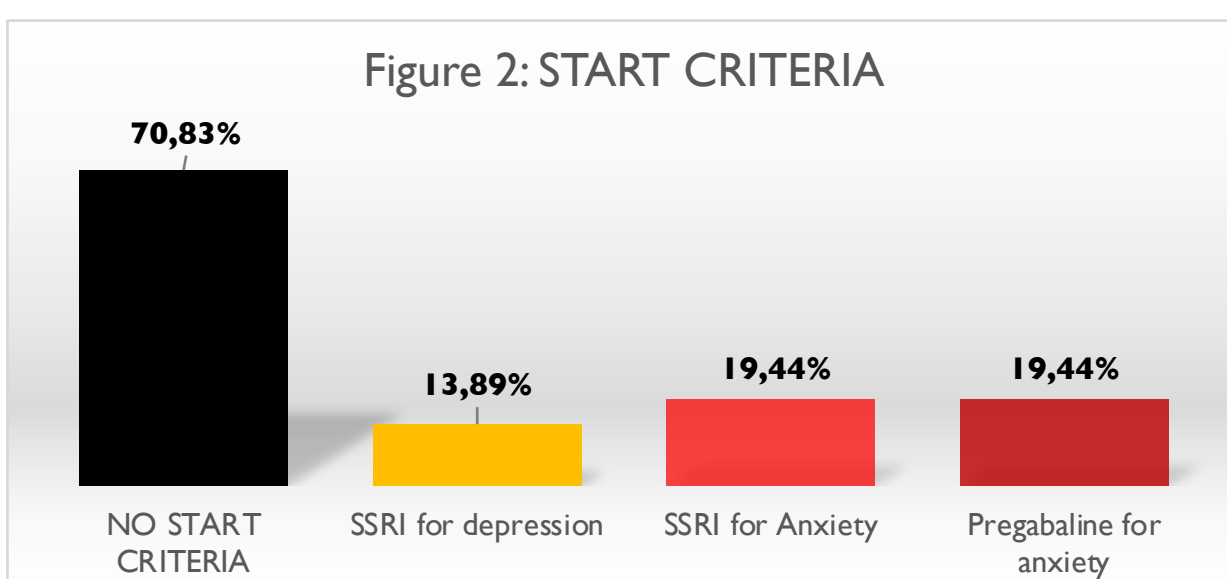
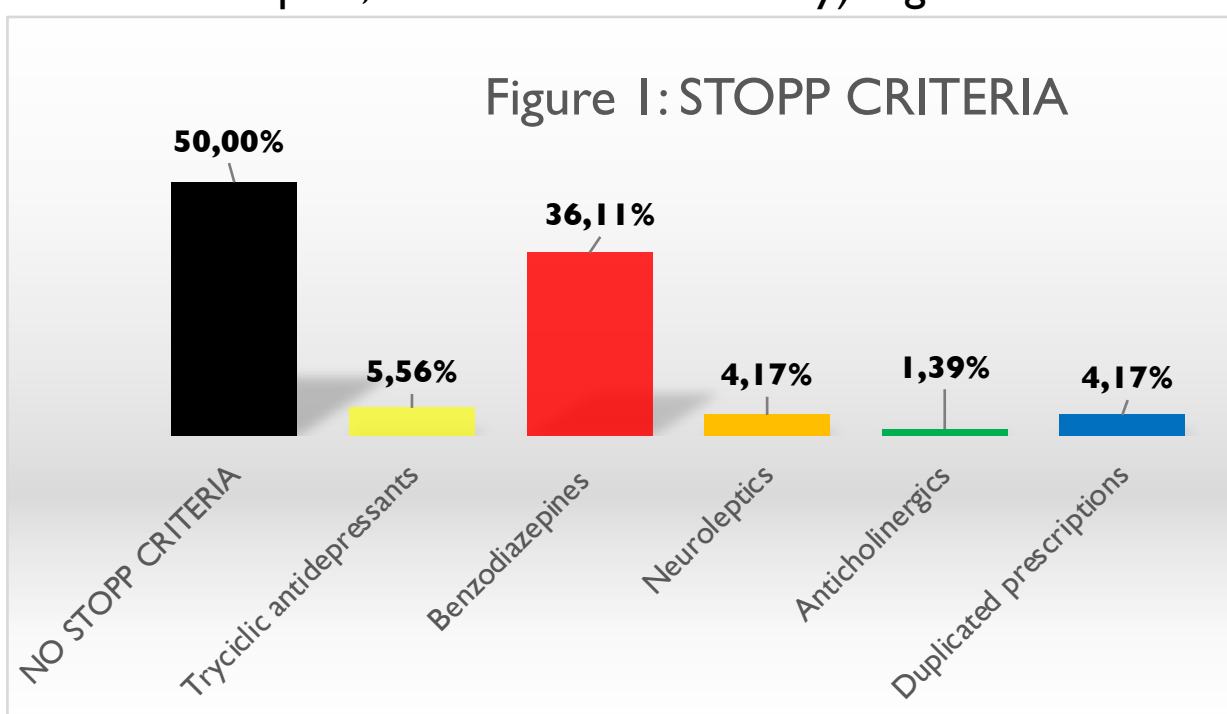
Methods: Patients were recruited from the Mental Health outpatient Clinica at El Bierzo (Spain).

A psychogeriatric interview was performed in patients who accepted to participate in the study and fulfilled the inclusion criteria: > 65 years old, at least 1 psychiatric prescription for at least 6 months.

Variables and assessments included: CGI, Yesavage geriatric depression scale, Geriatric Anxiety Inventory, 2014 STOPP/START criteria and UKU side effects.

Patients that fulfilled one STOPP/START criteria for psychiatric medications were offered a prescription adjustment and followed-up for 3 months. Differences were evaluated with Mann-Whitney's U and the Wilcoxon signed-rank test.

Results: 72 subjects (55 females) were included. Mean age was 74.68 years, 51.4% were independent. 62.5% subjects met at least 1 STOPP or START criterium (most frequent STOPP: use of benzodiazepine, START: SSRI for anxiety). Figures 1 and 2.



9 adjustments were not performed due to medical or patient criteria. 8 patients returned to the previous medication. After the adjustment, patients improved significantly in psychic ($z=-4.366$; $p<0.001$), neurological ($z=-2.762$; $p=0.006$), autonomic ($z=-2.079$; $p=0.039$) and other side effects ($z=-3.027$, $p=0.002$), Yesavage depression score ($z=-2.870$; $p=0.004$) and GAI score ($z=-2.660$; $p=0.008$). Figures 3 and 4. 52.3% experienced an improvement in the CGI score, 41.2% did not change and only 2 subjects worsened.

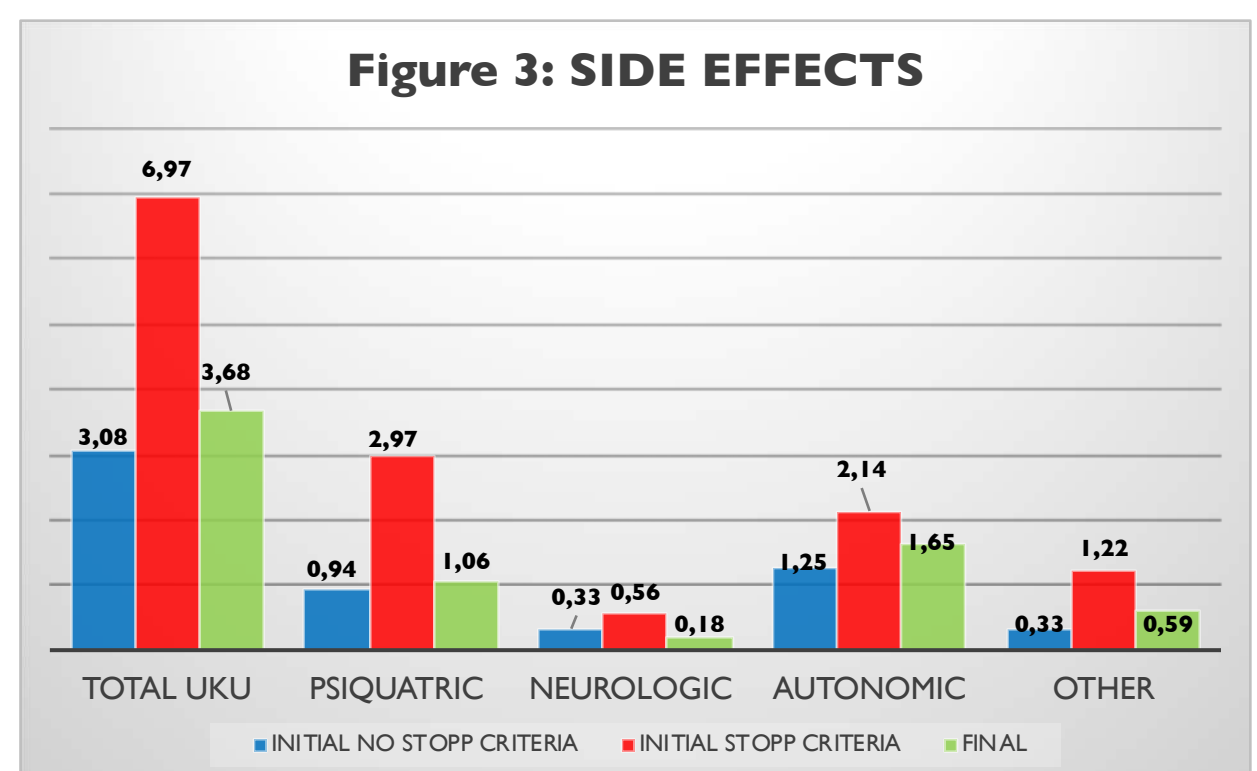
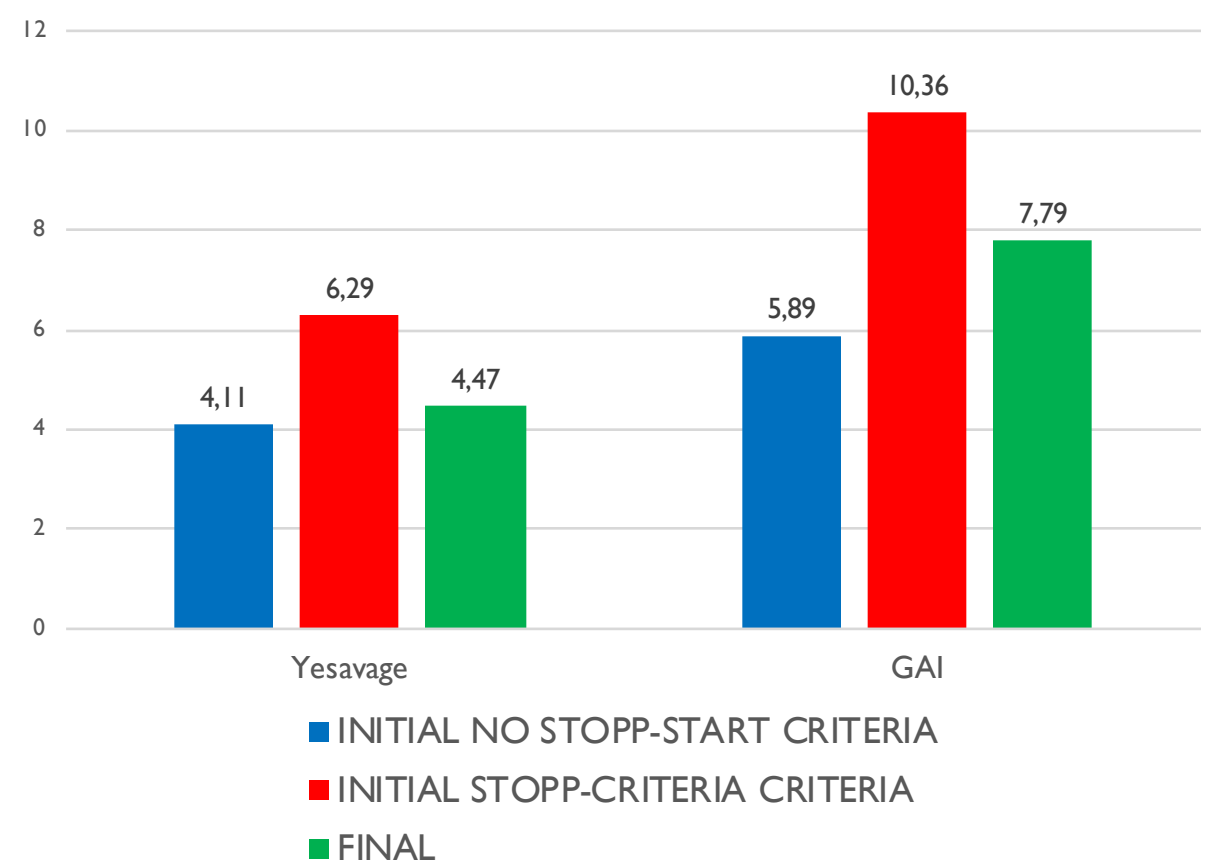


Figure 4. DEPRESSION (Yesavage) AND ANXIETY (GAI) BEFORE AND AFTER INTERVENTION



Conclusions: Most of the elderly patients in the outpatient psychiatric clinic were receiving any Potentially Inappropriate psychiatric prescription (PIPP). PIPPs were related to higher side effects and lower efficacy in anxiety and depression that improved after the use of STOPP/START Criteria.

Application of standardized criteria and revision of prescriptions in elderly psychiatric patients may help to reduce risk of side effects and to improve psychiatric outcomes.

Bibliography:

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