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Polypharmacy in elderly patients with chronic kidney failure and its association with potentially inappropriate prescribing of drugs

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Introduction: Given that the number of people over 65 years of age is increasing worldwide, polypharmacy is becoming more and more present in the elderly. Unfortunately, polypharmacy can be associated with many negative outcomes, such as higher costs of treatment, both for the patient and the health care system in general, due to the increased use of health care, increased risk of drug-related adverse events, no adherence to therapy due to the numerous medications that the patient takes, drug interactions, etc.

Purpose: The aim of this study was to determine the prevalence of polypharmacy in elderly patients with chronic kidney failure (CKF), and also to explore if it affects the occurrence of potentially inappropriate prescribing (PIP) of drugs.

Methods: The study was based on a cross-sectional design, and it was conducted at the Department of Nephrology, Clinical Center in Nis. Criteria for inclusion in the study were: age of 65 years and more, written consent for participation in the study, and the presence of chronic kidney failure. The data were collected from the interviews with patients, as well as from medical files. The presence or absence of inappropriate drug prescription was determined by two explicit criteria Beers and STOPP.

Results: The study included 135 patients aged 65 years and over with varying degrees of CKF, whereby the majority of patients (34.9%) had the third stage of CKF. 78 (57.78%) patients were men and 57 (42.22%) were women. The average number of prescribed drugs was 7.13 ± 2.61 (maximum 16). According to the Beers criteria, PIP was found in 44 (32.6%) patients, while 55 (40.7%) patients experienced PIP according to the STOPP criteria. A major factor associated with PIP by both criteria was polypharmacy. Each additional drug increased the risk of PIP according to Beers criteria 1.6 times ($p < 0.001$).

Conclusion: Although polypharmacy paradoxically connects with poorer treatment, it is first necessary to estimate the overall quality of the prescribed drugs and not only the total number of medications taken by the patient.

Biography

Gorana Nedin Rankovic was born on September 18th, 1985 in Nis, where she finished her primary and high school with great success. She enrolled Medical Faculty in Nis in 2003 and graduated in 2009. In 2009 she enrolled Doctoral Academic Studies at the Medical Faculty in Nis. By the Teaching Scientific Council of the Medical Faculty in Niš, she got her PhD thesis approved under the title "Analysis of factors that influence the rational prescription of drugs in elderly patients with renal insufficiency". In 2012 she enrolled Specialistic Academic Studies, Clinical Pharmacology. In October 2012 she started working as a teaching associate at the Department of Pharmacology and Toxicology, Medical Faculty in Niš, and in October 2015 she was selected as teaching assistant at the same Department. During her professional career, she was the author and co-author of twenty-five (25) scientific papers printed in domestic and international journals. She is one of the authors of the book "Physiology with Physiology of Sport". She is a member of the Serbian Pharmacology Society and a member of the Clinical Pharmacology section of Serbia.

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