

5th International Conference on Geriatric Medicine & Gerontological Nursing

November 14-15, 2016 | Atlanta, USA

ANALYSIS OF COSTS OF POLYPHARMACY IN THE ELDERLY

Oscar Castaneda Sanchez*

*Mexican Social Security Institute, Mexico

Introduction: Older adults are a growing population group in whom polypharmacy has become a geriatric syndrome associated with their fragility increases the frequency of adverse drug reactions and adverse events.

Objective: To determine the costs of polypharmacy in the elderly in a unit of primary care. **Material and Methods:** A cross-sectional study was conducted at the Family Medicine Unit No. 1 Mexican Social Security Institute in Sonora. It includes not probabilistically recipes with five or more medications issued to older adults, reviewing the electronic record their clinical-diagnostic-therapeutic consistency, defined as the “condition of the prescribed medication, quantity, dosage and frequency of administration is consistent with the diagnosis and the clinic that the patient at the time of the query”. Additional costs against rational prescribing or selecting the right medicine in the right dose, right route and right amount are estimated for cost analysis. In the analysis of results frequencies and proportions, measures of central tendency and dispersion and one-way ANOVA with custom contrasts were used.

Results: 243 patients were included 70% women, 30% men with an average age of 72 +/- 5.6 years. The three main diagnoses for prescription were: hypertension 45.6%, diabetes mellitus in 28.3% and 11.5% heart disease. The number of drugs prescribed on average per patient was 8.1 +/- 1.8. With a therapeutic-diagnostic-clinical consistency in 22.2% of cases, percentage by which the number of prescribed drugs was 7.4 +/- 1.6. The total investment was \$ 244.50, with a cost of \$ 200.25 against spending (not justified drugs) \$ 44.25, significant relationship ($p < 0.05$).

Conclusions: According to the results the expenses outweigh the costs i.e., they prescribed a significant number of drugs are not justified in the elderly, increasing not only the costs of the health system, but also patient costs, coupled with the risk of adverse events and impact on their quality of life.

RELATIONSHIP BETWEEN SERVICE USE VARIABILITY, MORBIDITY BURDEN AND MEDICATION USE AMONG OLDER ADULTS: IMPLICATIONS FOR MEDICALLY COMPLEX PATIENTS

Stacey Ying Guo^a, Heather Whitson^b, Truls Ostbye^b and Rahul Malhotra^b

^aDuke-NUS Medical School, Singapore

^bDuke University, Durham, USA

Multiple chronic diseases have been associated with lower health related quality of life and higher utilization of health care services, but what is not clear in the literature is the impact on the patient's self-reported confidence in taking prescribed medications and the resulting impact on their illness. The Main Questionnaire “Singapore Assessment for Frailty in Elderly – Building upon the Panel on Health and aging of Singaporean Elderly, 2015” is a population based study that includes responses from over 1700 Singaporeans. Questions were asked to patients pertaining to a number of providers and the number of encounters in the last three months for the same chronic condition, and the number and type of chronic conditions they have. The aim of this study was to investigate whether medical complexity in the form of multiple providers for multiple commodities and increased service use results in lower levels of confidence and thereby, lower adherence to medication. Preliminary analysis shows increased providers and number of visits affects self-reported confidence in taking prescribed medication correctly and frequent medication is forgotten with the relationship holding true with < 7 providers/number of visits to a provider in a three month period.