# A periodic medication review in frail older people from a community with chronic kidney disease



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#### Introduction

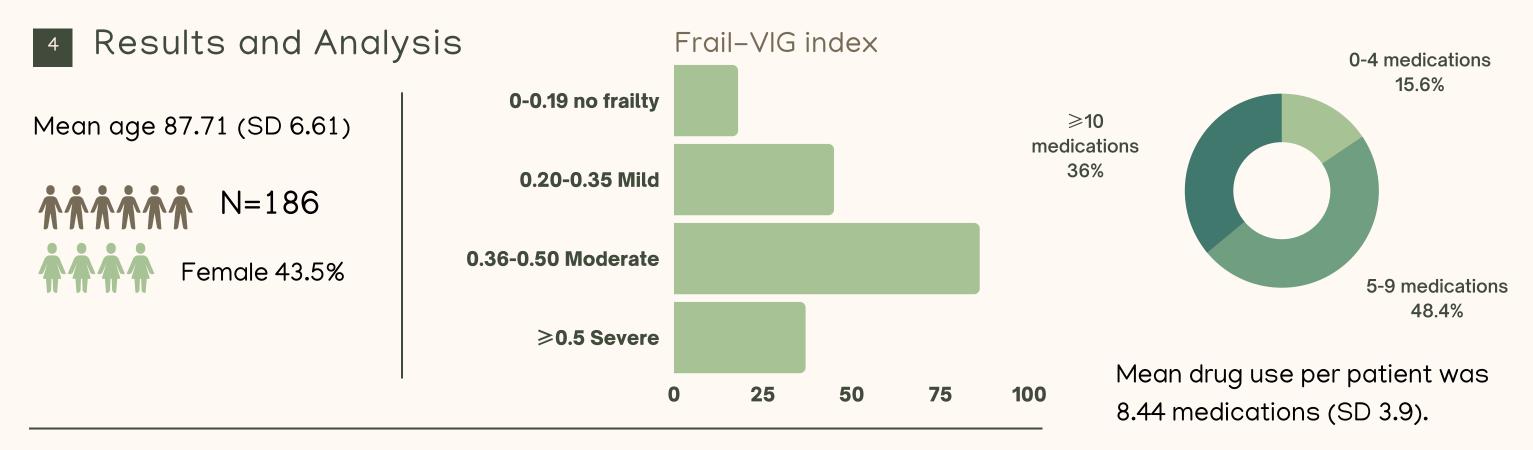
Chronic kidney disease (CKD) is associated with polypharmacy and adverse drug events [1]. A periodic medication review (MR) in older people with CKD leads to optimize drug use.

### Objective

Describing baseline situation, frailty, polypharmacy, inappropriate prescription (IP), calculate therapeutical complexity and anticholinergic/sedative burden of patients with CKD.

### Methodology

- Prospective, descriptive, observational study from June 2019 to October 2020 on patients ≥65 years with CKD and multimorbidity from a community.
- Data collected: Clinical and pharmacological data. Degree of frailty: Frail-VIG index [2]. Polypharmacy: Moderate (5–9 medications) and excessive  $\geq$  10. Therapeutical complexity: MRCI and anticholinergic and/or sedative burden using DBI.
- MR was carried out through the application of the Patient-Centred Prescription (PCP) model [3].



≥2 IP were detected in 78.5% of patients.

14% of patients presented high DBI (≥2) and 29.6% had a high MRCI (≥40.).

## Conclusions

Patients  $\geq$  65 years with CKD who lived in a community present a relevant degree of frailty. Up to 84.4% have polypharmacy. PCP model identifies a high proportion of patients with  $\geq$ 2 IP.

Aging. https://doi.org/10.1007/s40266-020-00747-0.

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