

Publication

Potentially inappropriate medications in older adults living with HIV

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Author(s) López-Centeno, Beatriz; Badenes-Olmedo, Carlos; Mataix-Sanjuan, Ángel; Bellón, José M.; Pérez-Latorre, Leire; López, J. C.; Benedí, Juana; Khoo, Saye; Marzolini, Catia; Calvo-Alcántara, María J.; Berenguer, Juan**Author(s) at UniBasel** [Marzolini, Catia](#) ;**Year** 2020**Title** Potentially inappropriate medications in older adults living with HIV**Journal** HIV Medicine**Volume** 21**Number** 8**Pages / Article-Number** 541-546**Keywords** HIV; aging; antiretroviral drugs; polypharmacy; potentially inappropriate medication

We assessed the prevalence of potentially inappropriate medication (PIM) among older (≥ 65 years) people living with HIV (O-PLWH) in the region of Madrid.; We analysed the dispensation registry of community and hospital pharmacies from the Madrid Regional Health Service (SERMAS) for the period between 1 January and 30 June 2017, looking specifically at PIMs according to the 2019 Beers criteria. Co-medications were classified according to the Anatomical Therapeutic Chemical (ATC) classification system.; A total of 6 636 451 individuals received medications. Of these individuals, 22 945 received antiretrovirals (ARVs), and of these 1292 were O-PLWH. Overall, 1135 (87.8%) O-PLWH were taking at least one co-medication, and polypharmacy (at least five co-medications) was observed in 852 individuals (65.9%). A PIM was identified in 482 (37.3%) O-PLWH. Factors independently associated with PIM were polypharmacy [adjusted odds ratio (aOR) 7.08; 95% confidence interval (CI) 5.16-9.72] and female sex (aOR 1.75; 95% CI 1.30-2.35). The distribution of PIMs according to ATC drug class were nervous system drugs ($n = 369$; 28.6%), musculoskeletal system drugs ($n = 140$; 10.8%), gastrointestinal and metabolism drugs ($n = 72$; 5.6%), cardiovascular drugs ($n = 61$; 4.7%), respiratory system drugs ($n = 13$; 1.0%), antineoplastic and immunomodulating drugs ($n = 10$; 0.8%), and systemic anti-infectives ($n = 2$; 0.2%). Five drugs accounted for 84.8% of the 482 O-PLWH with PIMs: lorazepam (38.2%), ibuprofen (18.0%), diazepam (10.2%), metoclopramide (9.9%), and zolpidem (8.5%).; Prescription of PIMs is highly prevalent in O-PLWH. Consistent with data in uninfected elderly people, the most frequently observed PIMs were benzodiazepines and nonsteroidal anti-inflammatory drugs . Targeted interventions are warranted to reduce inappropriate prescribing and polypharmacy in this vulnerable population.

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