

# Prescription of 10 drug classes in the Belgian geriatric wards

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## Background

- The Colleges of Physicians have been established to improve quality of care, and one of their missions is to propose quality indicators
- Potential inappropriate prescriptions (PIP) are a well known problem in older patients and can be used as quality indicator in geriatric departments

## Methods

Cross-sectional study in all geriatric hospital units in Belgium

All hospital stays in a Belgian geriatric unit in 2013

Exclusion criteria: - patients hospitalized in multiples units

- patients < 75 years
- patients with stays < 9 days
- patients with opioids (to exclude end-of-life patients)

Starting from the lists of STOPP/START.version1, ten drug classes were selected (clinically relevant and technically detectable) and extracted according to ATC codes from the 2013 (last available) SHA database of reimbursed medications prescribed in the Belgian hospitals

Each of the ten indicators is presented using a box-plot

Anonymous identification number allows each hospital to compare its results with the one of its peers.

## Results

In the 47.539 eligible geriatric stays we observed the following prevalence rates:

Potentially over/misused drugs:

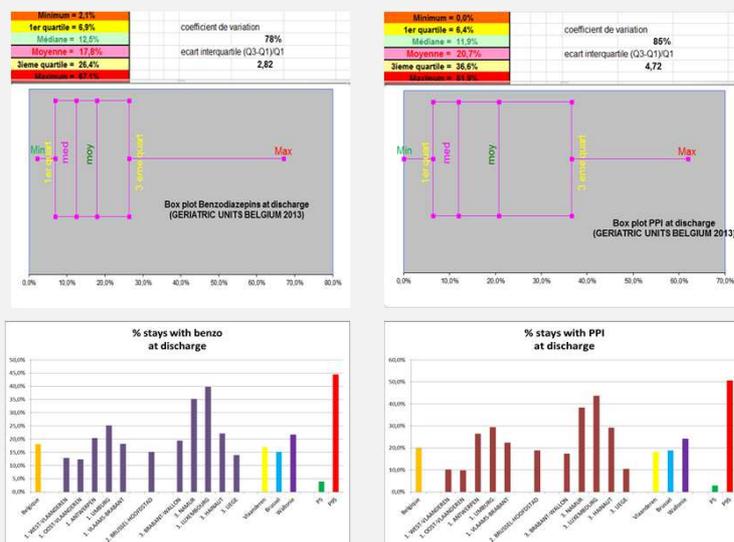
Benzodiazepines	= 18 % : see Figure 1
SSRIs	= 7%
Antipsychotics	= 7%
Tricyclic antidepress.	= 1%
(any neuro-psy. drug)	= 26%
NSAIDs	= 1%
PPIs	= 21% : see Figure 2
Anticholinergic	= 7%
Statins	= 10%

Potentially underused drugs:

Vitamin D	= 50%
Oral anticoagulant	= 14 %

Large variations were present across hospitals and among Provinces

Figure 1) Benzodiazepines 2) Proton Pump Inhibitor



## Conclusions

Despite methodological restrictions, these results allow Belgian geriatric departments to observe their prescription pattern for 10 important drug classes at risk of overuse/misuse/underuse, and to compare it with the one of the other hospitals at both the province/regional and the country levels

Those indicators should be the starting point of a quality process aiming at improving prescribing appropriateness in the Belgian geriatric wards