

Intervention cuts potentially inappropriate meds in seniors

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(HealthDay)—An intervention (Optimizing Prescribing for Older People in Primary Care [OPTI-SCRIPT]) can reduce potentially inappropriate prescribing (PIP) in older patients, according to a study published in the November/December issue of the *Annals of Family Medicine*.

Barbara Clyne, Ph.D., from the Royal College of Surgeons in Dublin, and colleagues conducted a cluster-randomized controlled trial among 21 general practitioner practices and 190 patients with PIP. Participants in [intervention](#) practices received a complex, multifaceted intervention, including academic detailing; review of medicines, with web-based pharmaceutical treatment algorithms providing alternative treatment options; and tailored information leaflets. Control practices delivered usual care and received PIP feedback at the patient level.

The researchers found that patients in the intervention group had significantly lower odds of having PIP than [patients](#) in the control group at intervention completion (adjusted odds ratio, 0.32; $P = 0.02$). The mean number of PIP drugs was 0.70 and 1.18 in the intervention and control groups, respectively ($P = 0.02$). At intervention completion, the [intervention group](#) was less likely to have PIP drugs than the [control group](#), but the difference was not significant (incidence rate ratio, 0.71; 95 percent confidence interval, 0.50 to 1.02; $P = 0.49$). The intervention effectively reduced proton pump inhibitor prescribing (adjusted odds ratio, 0.30; $P = 0.04$).

"The OPTI-SCRIPT intervention incorporating academic detailing with a pharmacist, and a review of medicines with web-based pharmaceutical treatment algorithms, was effective in reducing PIP," the authors write.

More information: [Full Text](#)

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