

Risks of potentially inappropriate medications post-hospitalization for older adults

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"Potentially inappropriate medications (PIMs)" are treatments that sometimes pose risks that outweigh their benefits, particularly for people

who are 65 or older. About 20 to 60 percent of older adults take medicines that may be potentially inappropriate. That can increase the risk for being hospitalized, needing to visit the emergency department, having poor quality of life, and/or experiencing a harmful reaction.

When [older adults](#) are hospitalized for medical reasons or for surgery, they often go home with prescriptions for treatments that may be different from those they were taking beforehand. These treatments may include PIMs. Until now, however, few studies have examined how PIMs affect older adults when prescribed at the time of their [hospital discharge](#).

A team of researchers recently designed a study to learn more about this important issue. They examined information from medical and [surgical patients](#) to evaluate the association of PIMs (both the ones the patients had been taking earlier as well as those newly prescribed at their hospital discharge) with the risk of four outcomes. The outcomes were harmful drug problems, [emergency department](#) visits, readmission to the hospital, and death after hospital discharge. The study was published in the *Journal of the American Geriatrics Society*.

This study was conducted in Quebec, Canada, where full information is available on all medical visits, emergency department visits, hospitalizations, and deaths. The researchers selected patients who were 65 years old or older and were discharged from one of the hospitals included in the study. When they were discharged, they were given prescriptions for one or more medications. Patients were followed until 30 days after their discharge or death, whichever came first.

Information from 2,402 patients was included in the study. Overall, patients were around 76 years old, had been diagnosed with five [health conditions](#), and had been prescribed approximately eight different medications at the time of their discharge.

The researchers learned that 1,576 people—nearly two-thirds of all patients—had been prescribed at least one PIM at discharge. This included both new PIMs and/or those continued from before their hospitalization. Most patients were prescribed one PIM, and 1,176 patients were re-prescribed at least one of their previous PIMs. Nearly half of patients studied were prescribed with at least one new PIM.

Almost 10 percent of patients experienced a potentially harmful drug reaction and 36 percent visited the emergency department, were readmitted to the hospital, and/or died in the 30 days after their hospital discharge.

The researchers concluded that older adults who have been hospitalized and who are prescribed PIMs experience an increase in potentially harmful drug reactions, [emergency room visits](#), rehospitalizations, and death within 30 days of [discharge](#).

More information: Daniala L. Weir et al, Both New and Chronic Potentially Inappropriate Medications Continued at Hospital Discharge Are Associated With Increased Risk of Adverse Events, *Journal of the American Geriatrics Society* (2020). [DOI: 10.1111/jgs.16413](https://doi.org/10.1111/jgs.16413)

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