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Deprescribing criteria for older people

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ABSTRACT

Introduction/Objective: To propose deprescribing criteria in older people with non-communicable disease (NCD).

Methods: This project was carried out following four stages.

1. A systematic review of the literature was conducted to identify useful tools in the deprescription process.
2. A cross sectional restrospective study of a cohort of more than 30,000 Colombian older people with NCDs was carried out, to whom the Beers criteria were applied.
3. The facial and content validity of an algorithm and a list of criteria for the deprescription of medications were assessed, using the ratio and content validity index and Fleiss's kappa.
4. An approximation of the potential efficiency of deprescription for the health system will be determined through an analysis of cost minimization and budgetary impact of insulin glargine compared to NPH.

Results: A total of 63 tools, 50 explicit criteria and 13 algorithms were identified from the literature review.

The use of the Beers criteria in the patient cohort showed that the most frequent potentially inappropriate prescription is replaced with proton pump inhibitors (23.39%). The algorithm validated by 18 experts from different countries (Colombia, Spain, Argentina) incorporates many questions that attend to the actual clinical practice. The criteria list have 5 recomendations and 33 pharmacotherapeutic groups. The cost minimization analysis of deprescribing of a single drug showed savings and greater efficiency of health system resources.

Conclusion: The proposed algorithm and criteria are tools adjusted to the Colombian context with an international approach data that may be useful to support deprescribing in older people.

ATTACHMENTS

[Copia de database cohort.parquet](#)

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Protocol status: Other

We attempted this protocol but could not get it to work in our workspace

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