Background and importance Polypharmacy and potentially inappropriate medications (PIMs) are known problems in elderly patients, but their prevalence in cancer and end-of-life settings are less clear. Also, the number of specific criteria to assist clinicians in this setting is limited.

Aim and objectives To analyse the prevalence of polypharmacy and PIMs in elderly oncohaematological patients referred for palliative care.

Material and methods A retrospective observational study was conducted in a third level hospital. Oncohaematological patients aged 65 or older referred to palliative care between 1 April 2020 and 30 June 2020 were included. Gender, age, primary malignancy, ECOG performance score, comorbidities and chronic medications were collected. Survival was screened during a follow-up period of 3 months after first contact with the palliative care team. Demographic and clinical data were collected from the patient electronic medical records. Polypharmacy was defined as the use of five or more chronic drugs. PIMs were screened using the STOPPFrail criteria.

Results 62 patients were included, 39 men (63%), median age 78.5 years (range 65–94), 51 (82%) were oncological patients, 11 (18%) had a haematological malignancy and 33 (53%) had an ECOG ≥3. Mean number of comorbidities per patient was 2.7±1.8 and mean number of chronic drugs was 7.4±3.5. Polypharmacy was present in 49 (79%) patients. 85 PIMs were detected. At least one PIM was detected in 50 (80%) patients (mean 1.3±0.9). The most frequent STOPPFrail criteria were B1 (lipid lowering therapies) (n=21), E1 (proton pump inhibitors at full therapeutic dose) (n=17), G1 (calcium supplementation) (n=11), A2 (drugs without clear clinical indication) (n=8) and H1 (antidiabetic oral agents) (n=8). Only 9 patients (14.5%) remained alive at the end of the follow-up period.

Conclusion and relevance The outcomes confirmed a high prevalence of polypharmacy and PIMs in elderly oncohaematological patients referred to palliative care. The STOPPFrail criteria might be useful in the detection of futile drugs eligible for de-prescription in this population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest