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Potentially improper medication for vulnerable or already frail elders under polypharmacy: An integrative review

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Polypharmacy (PP), the simultaneous use of six or more medication, is one of the risks for the syndrome of fragility in elders (SFE), which can intensify adverse reactions and interactions with potentially inappropriate medication (PIMs). The objective of this study was to identify the occurrence of PIMs for vulnerable or already frail elders in PP. This is an integrative literature review, in the bases PubMed, Scopus, CINAHL and LILACS and 2006 and 2017, using and crossing the terms and keywords in Portuguese and English: Prescrição Inadequada, Polimedicação and Idoso Fragilizado, and the MeSH, Inadequate Prescription, Polypharmacy and Frail Elderly, including articles that discussed PIMs which resulted from the primary researches. Data was analyzed and synthesized in a synoptic table. The sample resulted in 13 articles. The use of PIMs was identified among elders in different places such as hospitals (02–16.7%), geriatric houses (07–58.3%), their own homes (02–16.7%) and after hospital discharge (01–8.3%). The most used medications were: benzodiazepines (05–20.8%), antidepressants (04–16.7%), antipsychotics (04–16.7%). The SFE was associated to the PP in two studies (15.4%). There was a link between PP and PIMs in 76.9% (n=10) of cases. The use of PIMs by vulnerable or frail elders under polypharmacy was identified in 69.2% (n=9) of studies, from which 33.3% (n=3) expose that these elders would have a higher risk of suffering with adverse reactions or medication interaction. PP was found to be a predictor of SFE, considering the association between PIMs and PP in vulnerable and frail elders.