

Paper Category:	Others
Paper Title: (Arial Font; 14 Pt Size)	Polypharmacy, frailty, and medication adherence
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<p>Background Polypharmacy is prevalent in older adults, leading to poor medication adherence and potentially contributing to frailty, a complex geriatric syndrome characterized by increased vulnerability to minor stressors.</p> <p>Objectives This study aims to evaluate medication adherence, frailty status, and barriers to adherence to design targeted interventions for improved medication adherence in older adults.</p> <p>Methods Older adults aged ≥ 75 years, admitted under Geriatric Medicine, and their caregivers, if available, were interviewed. Data on demographics, functional status, frailty, medications, and adherence were collected. Frailty was assessed using the clinical frailty score, while polypharmacy was defined as the use of ≥ 5 drugs. Medication adherence was determined through pharmacist-conducted medication reconciliation, with patients considered adherent if they took their medications as prescribed $\geq 80\%$ of the time.</p> <p>Results Results are from a subgroup analysis of an ongoing quality improvement project. Ninety-two patients, average age 84, 65% females and 82% Chinese, were interviewed. Polypharmacy was prevalent (78.2%), with an average of 7.8 medications upon admission. Seventeen were non-frail, 60 frail, and 15 severely frail. Amongst the frail and severely frail on admission (81.5%), polypharmacy was also common (81.3%). Surprisingly, medication adherence was only 58% overall, with even lower adherence rates (23.5%) observed among non-frail patients, most of whom were self-administering medications (85.7%). The primary reasons for poor adherence included forgetfulness, lack of immediate consequences from missed doses, and the burden of managing multiple medications. Many felt that deprescribing and a regular medication review would improve adherence.</p> <p>Discussion and conclusion This study highlights the prevalence of polypharmacy and frailty among inpatient older adults, with poorer medication adherence observed among non-frail and independent individuals. To address these issues, pharmacist-led deprescribing and pharmacy outreach programs were implemented to assess their impact on medication adherence. Further studies are needed on the relationship of frailty, polypharmacy, and if poorer medication adherence worsens frailty over time.</p>	

297 words excluding headings

Date of Submission: 27/7/23

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