

POSTER ABSTRACTS

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Rates of Potentially Inappropriate Medication Use Among Elderly persons in the United States, 2000-2001

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Background: In 1996, 21.3% of community-dwelling elderly persons in the US received at least 1 of 33 potentially inappropriate medications, as defined by explicit criteria. We sought to determine the prevalence of potentially inappropriate medication use among elderly persons enrolled in managed care plans in the United States in 2000-01.

Methods: We used automated medication dispensing data from 10 HMOs across the US to measure prevalence of use, as defined by any dispensing, of 33 potentially inappropriate medications from January 1, 2000 through June 30, 2001. A total of 156,843 members age 65 years or older comprise the sample.

Results: In 2000-2001, 28.8% (95% confidence interval, 28.6%-29.0%) of elderly members of 10 health maintenance organizations received at least 1 of 33 potentially inappropriate medications. This rate ranged from 24% to 37% across 10 HMOs. Approximately 5% of elderly patients received at least 1 of the 11 medications classified by expert panels as "always avoid"; 13% received at least 1 of the 8 medications that would rarely be considered appropriate; and 17% received at least 1 of the 14 medications that have some indications but are often misused. Overall, rates of use of these medications were higher among women (32%) than among men (25%). At least one percent of elderly members received belladonna alkaloids (2%), dicyclomine (1%), hyoscyamine (1%) or meperidine (1%), each of which has been classified by multiple expert panels as always inappropriate in patients aged 65 years or older. Seven percent of elderly members received propoxyphene, an analgesic medication considered rarely appropriate in the elderly and a drug that has a long history of limited efficacy and potential for toxicity.

Conclusions: Recent rates of potentially inappropriate medication use among elderly members in HMOs mirror rates among community-dwelling elderly persons in 1996, the most recent nationally representative data available. Use of potentially inappropriate medications may not always indicate a prescribing error, and the relationship between use of potentially inappropriate medications and adverse outcomes remains unproven. Nevertheless, a variety of interventions may be considered to reduce the use of these medications in managed care settings.