





Clinical Research Network West Midlands

Coventry and Warwickshire VTS, CRN West Midlands and Warwick Medical School

'Primary Care Research and Audit in Coventry and Warwickshire'

11<sup>th</sup> July 2019

# Abstract Submission Form - Closing date 29th April 2019

PRESENTER'S DETAILS			
<b>Title</b> (Prof, Dr, Mr, Mrs, Miss)	First Name		Surname
MISS	FARHANA		AKTHAR
Place of work/study UNIVERSITY OF WARWICK			
PRESENTATION DETAILS (total max 250 words - not including title)			
Co-Authors		Title of Study	
PROFESSOR PARAMJIT GILL JOE DUFFY		PRESCRIBING PATTERNS IN FRAIL, ELDERLY PATIENTS IN COVENTRY: A CROSS- SECTIONAL STUDY	

#### What's the problem you are tackling? (Background)

Trying to quantify the trends in prescribing for the frail population (and subgroups therein), looking particularly at polypharmacy and the use of certain medications such as opioids and antibiotics. Thus far there is very little evidence base for prescribing patterns within this population beyond the presence of polypharmacy.

### How did/will you do it? (Method)

EMIS Web software was used to extract data on 686 frail patients. The data included: age group (in 5 year bands), ethnicity, number of co-morbidities and all currently prescribed medications. Prescriptions were grouped based on their BNF category

### What did you find? (Results)

Non-white patients were prescribed, on average, more medications than their white counterparts (11 vs 9, respectively). Patients in the severely frail group at any age were being prescribed more than moderately frail patients (10.6 to 9.0). 64% were on pain medication; 15.33% were on opioids. The top 20 prescribed medications in both the moderately and severely frail groups were similar. Number of co-morbidities correlated positively with the number of medications prescribed.

# Why does this matter? (Conclusion)

This research confirms that polypharmacy is present in the frail elderly group. It is particularly high in the minority ethnic groups, those with multimorbidity and the severely frail. Polypharmacy exposes these patients to negative drug-drug interactions and they should be reviewed regularly. We cannot determine from this study whether any medications are over-represented within this group.