

**PS1.047****Polypharmacy among residents in a nursing home in Singapore**

*Seng Kwing Cheong(1), TY Wong(1), LK Tan(2)*

*(1) Tan Tock Seng Hospital, Department of Continuing & Community Care, Singapore*

*(2) Ren Ci Hospital, Department of Pharmacy, Singapore*

*Corresponding author: Dr Seng Kwing Cheong, Tan Tock Seng Hospital, Continuing and Community Care, Singapore, Singapore. E-mail: seng\_kwing\_cheong@ttsh.com.sg*

**Background & Aim:** Polypharmacy (defined as concurrent use of  $\geq 5$  medications) in nursing home residents is a concern as the risk for adverse events rises with the number of medications taken. Monitoring polypharmacy in this population can improve the quality of nursing home care. This study aimed to determine the prevalence of polypharmacy and leading therapeutic subclasses included in the polypharmacy of Renci Nursing Home (RNH) residents.

**Method:** This was a cross-sectional study of all RNH residents ( $n=276$ ). We collected data from their inpatient medication records from 26 Aug to 3 Sep 2014. Non-medicated soaps and moisturizers were excluded. Statistical analysis was done using SPSS version 20. A  $p$ -value  $< 0.05$  was considered statistically significant.

**Results:** 60.9% were Chinese, 33.3% Malay, 5.1% Indian, and 0.7% others. Mean age was 71.7 years. 191 (69.2%) were elderly ( $\geq 65$  years old). Most residents were male (60.0%). 81.2% (224) and 29.3% (81) of all residents had at least 5 and 10 medications respectively. The prevalence of polypharmacy ( $\geq 5$  medications) was 79.1% and 85.9% among the elderly and non-elderly respectively. However, this difference was not statistically significant ( $p=0.181$ ). Similarly, although more non-elderly (34.1%) than elderly residents (27.2%) were taking at least 10 medications, this difference was also not statistically significant ( $p=0.246$ ). The most frequent medications for residents who received at least 5 medications included laxatives (91.5%), agents for acid or peptic disorders (56.3%), pain or pyrexia relievers (53.6%), antihypertensives (50.0%), and antilipidemics (45.1%).

**Conclusions:** Polypharmacy is common among RNH residents. Although complex medication regimens are often necessary for nursing home residents, monitoring polypharmacy and its consequences may improve the quality of nursing home care and reduce unnecessary adverse event-related health care spending.