

S09.3

The Norwegian General Practice Nursing Home Criteria (NORGE-P-NH) for potentially inappropriate medication use in nursing home residents. Delphi study

Gunhild Nyborg, J Straand, A Klovning, M Brekke

Department of General Practice/Family Medicine, Institute of Health and Society, Oslo, Norway

Corresponding author: Professor Jørund Straand, University of Oslo, Department of General Practice, Oslo, Norway. E-mail: jorund.straand@medisin.uio.no

Background and Aim: Elderly nursing home residents are frequently frail, suffer from multimorbidity (commonly including dementia), and are exposed to polypharmacy. Due to lack of research evidence, clinical guidelines for this population often have to be consensus based. We aimed to develop a set of explicit criteria for pharmacologically inappropriate medication use in nursing home residents, in order to balance the need of medication versus increased risk of negative side-effects and interactions.

Methods: The authors developed 27 criteria based on the Norwegian General Practice (NORGE-P) criteria, literature and clinical experience. An expert panel was then invited to validate the clinical relevance of the proposed criteria and to suggest new criteria. Specialists in geriatrics or clinical pharmacology, nursing home physicians and five experienced pharmacists were contacted by mail (in all 241 persons). The 80 who accepted the invitation were invited to participate in a three-round, modified Delphi consensus process via survey software.

Main outcome measure was the panelists' evaluation of the clinical relevance of each suggested criterion. Relevance was scored on a digital Likert scale from 1 (no relevance) to 10 (highly relevant). In the first round panelists could also suggest new criteria to be included into the process. Experts' comments, and mean scores from first and second rounds were fed back in respectively second and third round. Out of the 80 experts, 65 participated in first round while 49 completed all three rounds.

Results: The degree of consensus increased by each round. No criterion was voted out. Suggestions from the panel led to the inclusion of seven additional criteria.

Conclusions: A clinically relevant list of 34 explicit criteria for potentially inappropriate medication use in nursing homes was developed through a three-round Web-based Delphi consensus process.

(Full paper including NorGeP-NH criteria: *Scand J Prim Health Care* 2015; 33: 134-141).