

### S30.5

#### IGRIMUP Symposium

#### **Clinical outcomes & mortality in community-dwelling elderly people following excessive de-prescribing using the Garfinkel method as compared to controls, 1-5 years follow-up**

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**Background:** The Garfinkel method highlights patient/family preferences and was proven safe and efficacious in both nursing departments (1) and in the community (2). This work presents clinical outcomes of elders who underwent excessive de-prescribing (DP) using the Garfinkel algorithm, as compared to controls who continued their medications with no DP. Follow-up was 1-5 years (more than 3 years in 66%).

**Methods:** The Garfinkel method involves comprehensive meetings with patient/guardian/family (PGF) to discuss pros/cons of all medications. Discontinuation of as many non "lifesaving" drugs as possible is performed simultaneously. Questionnaires used to evaluate compliance, number of medications, quality of life (QoL), functional, mental/cognitive status and family physician's (FPs) reaction to DP. Exclusion criteria were age 64 or older, less than 5 medications, life-expectancy less than 6 months.

**Results:** 204 elders followed DP recommendations and stopped 2-10 medications (Intervention group). 78 PGF and/or their FPs have not complied with DP recommendations and serves as the control group. Both groups were comparable regarding age, demographics, co-morbidity, number and type of medications. Follow-up was 1-5 years. Mortality and hospitalizations were comparable in both groups. Following DP, no mortality occurred earlier than 8 months, no severe adverse drug-events (ADEs) could be attributed to DP; as compared to controls, a significantly higher number of elderly showed improvement in functional, mental and cognitive function, in some the improved QoL was defined as remarkable. DP of different common drugs is discussed.

**Conclusions:** It is the first longitudinal controlled study that shows significantly improved clinical outcomes and QoL in elderly following excessive DP. Applying the Garfinkel method globally may significantly decrease medication burden and improve QoL. Furthermore, there is an economic triple win-win: substantial reductions in cost of drugs, hospitalizations and evaluations of ADEs related "new symptoms".

#### References

- 1). Garfinkel et al. IMAJ 2007;9:430-4.
- 2). Garfinkel, Mangin. Arch Int Med 2010;170:1648-54.