

W77

IGRIMUP Workshop

"We should treat the patients - Not their numbers..." - how to fight polypharmacy and reduce IMU in your own practice/clinic?

Doron Garfinkel(1,2,3), Dee Mangin(4)

(1) Geriatric - Palliative Service, Wolfson Medical Center, Israel

(2) Homecare Hospice, Israel Cancer Association, Israel

(3) IGRIMUP - International Group for Reducing Inappropriate Medication Use & Polypharmacy

(4) Department of Family Medicine, McMaster University, Canada

Corresponding author: Assistant Professor Doron Garfinkel, Israel Cancer Association & Wolfson Medical Center, Home Care Hospice, Bat Yam, Israel. E-mail: dgarfink@netvision.net.il

In this interactive workshop, IGRIMUP members will present real case reports of elderly people with comorbidity and excessive polypharmacy in whom extensive de-prescribing has been performed. Follow up of several years will highlight beneficial clinical outcomes of de-prescribing.

We encourage Interactive participation of all the audience throughout the whole sessions, stopping at many points to let professionals from the audience to contribute from their experience/knowledge and discuss different angles of the dilemma.

We concentrate on common preventive drug-groups prescribed in an attempt to avoid/postpone vascular target organ damage and complications related to hypertension, hyperlipidemia, diabetes and increased coagulability. We stress the lack of EBM regarding optimal target goals for blood pressure, lipids & glucose levels in the Very Old, those with CO-morbidity, Dementia, Frailty and Limited life-EXpectancy (VOCODFLEX). We challenge the rational of current clinical guidelines that seem to disregard the age related decrease/inversion of the positive benefit/risk ratio for most drugs (particularly in VOCODFLEX), while recommending infinitely prescribing of all these medications until death. The main question for discussion is what, when and how should we discontinue medications (de-prescribe)? This workshop is appropriate for Family Physicians and other health professionals working in the community, Long-Term Care facilities, hospitals and hospices, caring for independent, frail and disabled elderly people with comorbidity, including patients with limited life expectancy.