

# TELECONSULTATION BY A NURSE AS A PRELIMINARY APPROACH FOR ASSESSING DRUG USE IN OLDER HOME CARE PATIENTS

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## Background and Scope

The progressive increase in the life expectancy has been associated with an overall improvement in the quality of life in old age, but has also led to an increase in chronic diseases, the number of people with disabilities, and prescription drugs.

Teleconsultation by a nurse provides several information about older people's health, included the use of drugs, and is a fast and easy tool for providing information before visiting the patients, especially those living in rural and mountain areas, or when the request for having a home consultation by a geriatrician was not performed yet, due to the great overload even during the pandemic time. The present study was aimed to assess the benefits of teleconsultation by a nurse as preliminary approach for assessing drug use in older patients.

## Patients and Methods

The call was made to patient's caregiver, who gave an informal and verbal consent to the interview.

In the time range between June and December 2022, 51 calls were made by a nurse to older home care patients randomly selected. Patients were affected by dementia and comorbidities and the nurse recorded the main disease and comorbidities, and all the drugs that were being taken at the time of the call. The list of drugs was submitted to medical doctors who applied the Beers, and STOPP & START criteria for assessing poly-treatment and the possible deprescribing in the population under investigation, after the in presence visit. Inappropriate or potentially such drugs, and "duplicates", resulting from possible prescriptive errors or a lack of control of therapy, and the drugs inducing potentially dangerous interactions were assessed.

## Results

51 older patients, 34 women and 17 men, mean age  $82.7 \pm 7.4$  years old were tele-consulted. The average of the drugs used in the test sample was 9.2 drugs/patient; after the first visit, the average dropped to 8.7 drugs/patient ( $p=0.04$ ). Doctors had the opportunity of checking the drugs before the visit and deciding a rational approach for deprescribing through the Beers and the STOPP/START criteria.

Potentially inappropriate drugs were overall 44.7%. Of these, the long half-life plasma benzodiazepines were 9.8%, non-steroidal anti-inflammatory drugs (NSAIDs) in chronic use (> 15 days 3.9%, tricyclic antidepressants 3.9%, first-generation antihistamines 1.9%, anticholinergics 13.7%, ticlopidine 1.9%, prokinetics in chronic use 1.9%, digoxin at dosage > 0.125 mg 1.9%, amiodarone 1.9%,  $\alpha$ -lytics 3.9%. The so-called "duplicate" drugs were found in 13.7% out of the patients. Three potentially dangerous prescriptions were found for interaction (5.9%): digoxin in patients with renal failure and at a dosage > 0.125 mg (1 case), risk of "triple whammy" (NSAIDs + ACE inhibitor/angiotensin2-receptor antagonists + furosemide) (1 case), pharmacodynamic antagonism (donepezil-biperiden) (1 case). Interestingly, proton pump inhibitors were prescribed in 47% out of patients.

## Discussion and conclusions

Teleconsultation performed by a nurse is a fast and valuable opportunity for helping doctors in a preliminary assessment of drugs taken by older patients, especially for patients with limited mobility and/or living in rural areas. It is a safe tool for assessing drugs before the in presence visit.