EuroDURG

**Available and clinically applicable information for rational drug prescribing to older patients in European and American compendia**

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Objectives

Healthcare professionals in daily practice use national drug compendia for rational drug prescribing to older patients. The study objective was to investigate the availability and clinical applicability of such information in European and American compendia.

Methods

The information provided about 35 medicines in the Belgian Repertorium, German Rote Liste, British National Formulary, Dutch Farmacotherapeutisch Kompas, and US Physician’s Desk Reference (PDR, containing the Concise Monograph and the Product Label) was investigated. The medicines were indicated for diseases common in older people, had a first European centralized approval between 2008 and 2011 and an FDA approval before October 2012. A 19-item checklist, based on the legislative ICH E7 guideline, was used to investigate the availability and, if relevant, clinical applicability of information on the studied population, clinical experience, pharmacokinetic properties and drug-drug interactions. Descriptive statistics were used.

Results

Overall, 19% of information, relevant to prescribing to older patients according to the ICH E7 guideline ,was available and applicable. The Belgian Repertorium provided the least information (7%), the PDR the most (47%). Information about the nature of the studied population was provided least frequently (14%) and information about drug-drug interactions most frequently (49%). Most available information was applicable, except for information about age-related differences in adverse effects and the need for monitoring in renal impairment.

Conclusions

Current European compendia, and to a lesser extent the PDR, do not provide sufficient clinically relevant information about medicines frequently prescribed to older patients. As these compendia are widely used to guide prescribing, the information about older individuals should be improved.