

The Norwegian General Practice - Nursing Home criteria (NORGE-P-NH) for potentially inappropriate medication use: A web-based Delphi study.

Nyborg G¹, Straand J, Klovning A, Brekke M.

Author information

¹Department of General Practice/Family Medicine, Institute of Health and Society, University of Oslo , Norway.

Abstract

OBJECTIVE:

To develop a set of explicit criteria for pharmacologically inappropriate medication use in nursing homes.

DESIGN:

In an expert panel, a three-round Delphi consensus process was conducted via survey software.

SETTING:

Norway.

SUBJECTS:

Altogether 80 participants - specialists in geriatrics or clinical pharmacology, physicians in nursing homes and experienced pharmacists - agreed to participate in the survey. Of these, 62 completed the first round, and 49 panellists completed all three rounds (75.4% of those ultimately entering the survey).

MAIN OUTCOME MEASURES:

The authors developed a list of 27 criteria based on the Norwegian General Practice (NORGE-P) criteria, literature, and clinical experience. The main outcome measure was the panellists' evaluation of the clinical relevance of each suggested criterion on a digital Likert scale from 1 (no clinical relevance) to 10. In the first round panellists could also suggest new criteria to be included in the process. For each criterion, degree of consensus was based on the average Likert score and corresponding standard deviation (SD).

RESULTS:

A list of 34 explicit criteria for potentially inappropriate medication use in nursing homes was developed through a three-round web-based Delphi consensus process. Degree of consensus increased with each round. No criterion was voted out. Suggestions from the panel led to the inclusion of seven additional criteria in round two.

IMPLICATIONS:

The NORGE-P-NH list may serve as a tool in the prescribing process and in medication list reviews and may also be used in quality assessment and for research purposes.

KEYWORDS:

Delphi technique; Norway; explicit criteria; general practice; inappropriate medication use; nursing homes; pharmacoepidemiology.