

# Polypharmacy Optimizing Method (POM): Effect on appropriate prescribing

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## Background

In order to assist general practitioners (GP's) to optimize polypharmacy, we have developed a method, based on 6 questions with checklists:

- 1) Is undertreatment present?
- 2) Does the patient adhere to the medication?
- 3) Which drug(s) is (are) not indicated?
- 4) Which adverse effects are present?
- 5) Which relevant interactions are to be expected?
- 6) Should the dosage, the dose-frequency, and/or form of the drug be adjusted?

The aim of this study is to evaluate the usefulness of POM to improve appropriate prescribing of complex polypharmacy.

## Conclusion

The Polypharmacy Optimizing Method improves appropriate prescribing of complex polypharmacy.

## Methods

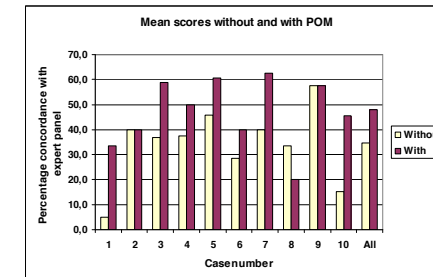
45 GP's received at random 2 out of 10 cases of geriatric patients, with a mean of  $7,9 \pm 1,2$  problems treated with  $8,7 \pm 3,1$  drugs. The first case was optimized without knowledge of POM. After a short instruction the second case was optimized with POM.

The outcomes were compared to appropriate answers, composed by consensus of an expert panel of 4 geriatricians/clinical pharmacologists. Data were analyzed with a linear mixed effect model.

## Results

Use of POM showed a significant improvement of optimization. The percentage right decisions increased from 34,7% to 48,1% with POM ( $p=0,0037$ ). The number of potentially harmful decisions decreased from 3,3 to 2,4 with POM ( $p=0,0046$ ).

Appropriate decisions (per case and all)



Potentially harmful decisions (per case and all)

