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## CONFERENCE ABSTRACT

### Frailty status and medication use in community-dwelling older patients with polypharmacy: a community pharmacy study.

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**Background and Objective:** Frailty is a concept that refers to the deterioration of several organ systems and is characterized by the inability to provide an adequate response to stressors. While mainly used in the field of geriatrics, the concept is extending to other disciplines. Frail older people are more at risk for adverse drug reactions and also more often use potentially inappropriate medication, suggesting that they could benefit the most from medication reviews. With this community pharmacy study we aimed to determine prevalence of frailty in a cohort of community-dwelling older people with polypharmacy, and to describe their medication use. These data can form the basis for optimized patient selection for medication review by community pharmacists.

**Methods:** An observational study was carried out from November 2019 until August 2020 in 196 community pharmacies in Belgium. Participants ( $\geq 70$  year,  $\geq 5$  chronic drugs, community-dwelling) were consecutively included in the study. Frailty was assessed using the Fried phenotype, operationalized by SHARE-FI75+. Each patient completed a self-administered questionnaire collecting sociodemographics, current medication use, difficulties with basic activities of daily living and unplanned hospital admission. Cognitive status was assessed by Mini-Cog®.

**Results:** A total of 875 patients were included in the study. Mean age was  $79,3 \pm 5,9$  years and 488 (55,8%) were female. Participants used a median of 8 [IQR 6-10] medicines. Most frequently used drugs were: antithrombotic agents (used by 71,1% of the sample), lipid modifying agents (67,4%) and  $\beta$ -blocking agents (53,8%).

Almost 15% of patients were identified as frail, 52,4% as pre-frail and 32,8% as robust. Frailty criteria most commonly present in the cohort were weakness (67,8%) and fatigue (49,7%). 32,1% of the patients were assessed as potentially positive for cognitive impairment. More than 40% of the patients had  $\geq 1$  limitation in basic activities of daily living, with difficulties taking a bath/shower as the most common limitation (29,7%). One in 5 patients reported an unplanned hospital admission in the 6 months prior inclusion.

**Conclusion:** The prevalence of (pre-)frailty among community-dwelling older patients with polypharmacy is high. Based on the current findings we will try to develop a quick and reliable method to identify these patients in the community pharmacy, in order to perform stratified medication reviews.