

BACKGROUND

- Over half of HIV+ Americans are age 50 or older.
- HIV+ patients face multimorbidity and high medication burden at relatively younger ages compared to the general population, posing unique challenges in primary care.
- Aim:** pre-post analysis of an intervention to address polypharmacy and prescribing issues in older HIV+ adults.

METHODS

Intervention: Golden Compass Pharmacy Visit

- Pre-post evaluation of a quality improvement prescribing intervention, part of the Golden Compass HIV & Aging Clinic at an urban safety net hospital.
- HIV+ patients who were referred to the clinic were seen by a clinical pharmacist and geriatrician.
- Recommendations were made to the PCP and patient about medication changes based on geriatrics best practices.

Measures Assessed During Visits

- Total number and classes of medications
- Potentially inappropriate medications using Beers Criteria
- Potential drug-drug interactions using Lexicomp™: Categories D (consider therapy modification) and X (contraindicated)

RESULTS

Golden Compass Pharmacy Visits

Patient Characteristics (n=60), n (%)			
Age*	63.5 (49-81)	Race *	
Gender		<i>Black</i>	10 (17%)
<i>Male</i>	54 (90%)	<i>White</i>	25 (42%)
Ethnicity		<i>Other /Declined</i>	20 (34%)
<i>Hispanic /Latino</i>	9 (15%)	CD4*	705 (95 -2,365)
<i>Not Hispanic/ Latino</i>	4 (78%)	HIV RNA <200 c/ml	58 (97%)

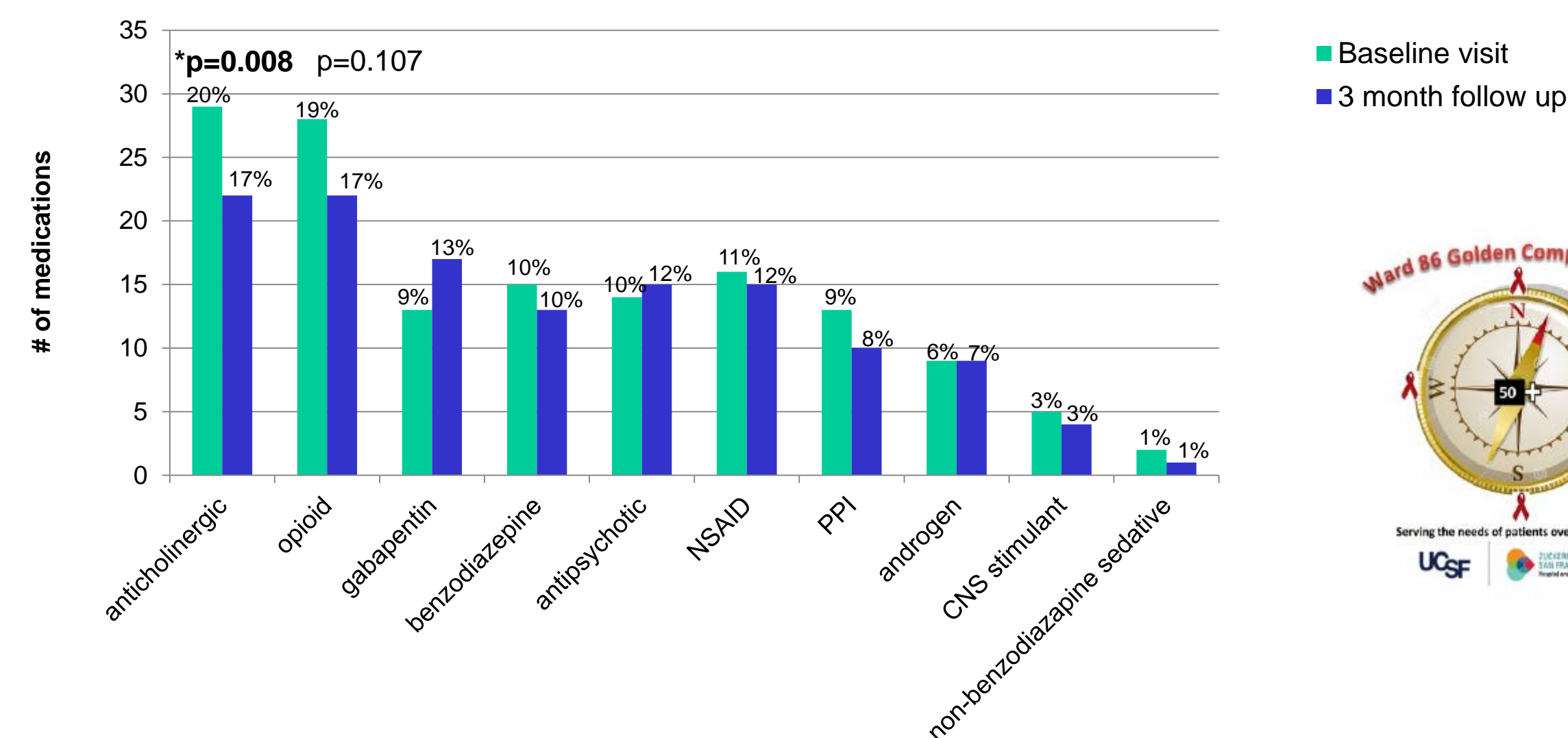
*median (range)

Chronic Medications Among Golden Compass HIV+ Patients Ages 50+, Median (IQR)

	Chronic Medications	ART Medications*	PRN Medications	Medication doses / day	Drug-Drug Interactions
Baseline visit	11 (8-16)	2 (1-3)	1 (0-2)	14 (9-24)	2 (1-5)
3 month follow up	11 (8-15)	2 (1-3)	0 (0-2)	14 (10-25)	2 (1-6)
p-value	0.80	0.93	0.72	0.68	0.94

*fixed dose combination pills were counted as one medication

Frequency of Prescribed Medications Meeting Beers Criteria by Medication Class



CONCLUSIONS

- Comprehensive medication review for older HIV+ adults identified a high burden of polypharmacy in an urban safety net HIV primary care clinic.
- HIV+ older adults had a high frequency of potentially inappropriate medication use, particularly with anticholinergic and opioid medications.
- No change in total medications or DDI's was noted at 3 month follow up, although there was a trend towards reduction in anticholinergic and opioid medications.
- Lack of changes may be partly due to short follow up interval; not all patients had an interim follow up visit with their PCP.

IMPLICATIONS

- Conducting comprehensive medication review for older HIV+ patients and communication with primary providers about safety is feasible.
- More evidence about how to safely address polypharmacy in this population is needed, such as direct medication changes by a geriatrician or pharmacy specialist.

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Tideswell
at UCSF



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