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► To cite this version:

Eva Lesén, Max Petzold, Karolina Andersson, Anders Carlsten. Prognostic value of the quality indicator “concurrent use of three or more psychotropic drugs” among residents of long-term care facilities: a comment. *European Journal of Clinical Pharmacology*, 2009, 65 (11), pp.1161-1161. 10.1007/s00228-009-0690-z . hal-00534977

HAL Id: hal-00534977

<https://hal.science/hal-00534977>

Submitted on 11 Nov 2010

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Prognostic value of the quality indicator “concurrent use of three or more psychotropic drugs” among residents of long-term care facilities: a comment

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Received: 12 June 2009 / Accepted: 23 June 2009 / Published online: 10 July 2009
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To the Editor:

We welcome the highly relevant research by Bell et al. [1] showing that the indicator “concurrent use of three or more psychotropic drugs” does not predict 5-year all-cause mortality among residents of long-term care facilities. To our knowledge, this research is the first to investigate health outcomes associated with this indicator. Validation of the indicator’s clinical relevance is clearly warranted and a current topic, partly as it is used in national assessments of quality and efficiency in the healthcare system [2].

Bell et al. assessed drug exposure during a 2-week period. A repeated exposure assessment would perhaps be preferred over this cross-sectional measurement in relation to the outcome of 5-year all-cause mortality. The exclusion of drugs prescribed “when needed” can be problematic, as some of these drugs still may be used on a relatively continuous basis among the elderly. Nevertheless, the results emphasize the lack of evidence to support the use of the indicator “concurrent use of three or more psychotropic drugs” in quality assessments. Further, as Bell et al. acknowledge, the prognostic value of the indicator may vary depending on characteristics of the study population and how drug use is monitored.

The findings by Bell et al. complement our previous research in which we assessed the extent to which the indicator captured use of potentially inappropriate psychotropic drugs (PIP) among the elderly [3]. We found that only one quarter of those using PIP had the indicator and

concluded that clinical relevance should be balanced against convenience of use when selecting instruments to assess appropriateness in drug therapy in the elderly. Therefore, a further comparison also encompassing PIP in relation to mortality would be of high interest and value and add a new dimension in the validation process.

Previous research has shown that a large number of drugs is a strong predictor for use of potentially inappropriate drugs [4]. We found that 72% of individuals with the indicator used PIP [3]. Thus, if a scan for specific drugs or combinations is unfeasible in quality assessments, the indicator may serve as a crude screening tool for inappropriate drug use. However, based on the findings by Bell et al., together with our previous findings, we strongly advocate the use of thoroughly validated and clinically relevant measurements in quality assessments.

Conclusively, we agree with Bell et al. when they stress the compelling need for research on health outcomes associated with measurements of quality in drug use among the elderly and further call for careful consideration regarding the choice of measurements in quality assessments.

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