

Evaluating the appropriate methods of antihypertensive prescribing in older populations

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INTRODUCTION

Treating hypertension in older patients over 65 years remains controversial given limited evidence in balancing cardiovascular benefit and risks of postural hypotension. NICE UK (1) outline a number appropriate first and second line anti-hypertensive medications, identified the STOPP medications to avoid (2) and emphasize assessing for postural hypotension during the review of hypertension medication in older people.

OBJECTIVES

Aim: evaluate the appropriateness of prescribing and assessment of postural hypotension during management of hypertension in older populations

Objectives

To measure the proportion of older patients whom:

- (a) Are on appropriate antihypertensive medication on admission
- (b) Undergo appropriate review of antihypertensive medications
- (c) Have diagnosis related to their antihypertensive medication
- (d) Have assessment of lying-standing blood pressure
- (e) Were re-admitted to hospital within 6 months for similar diagnosis

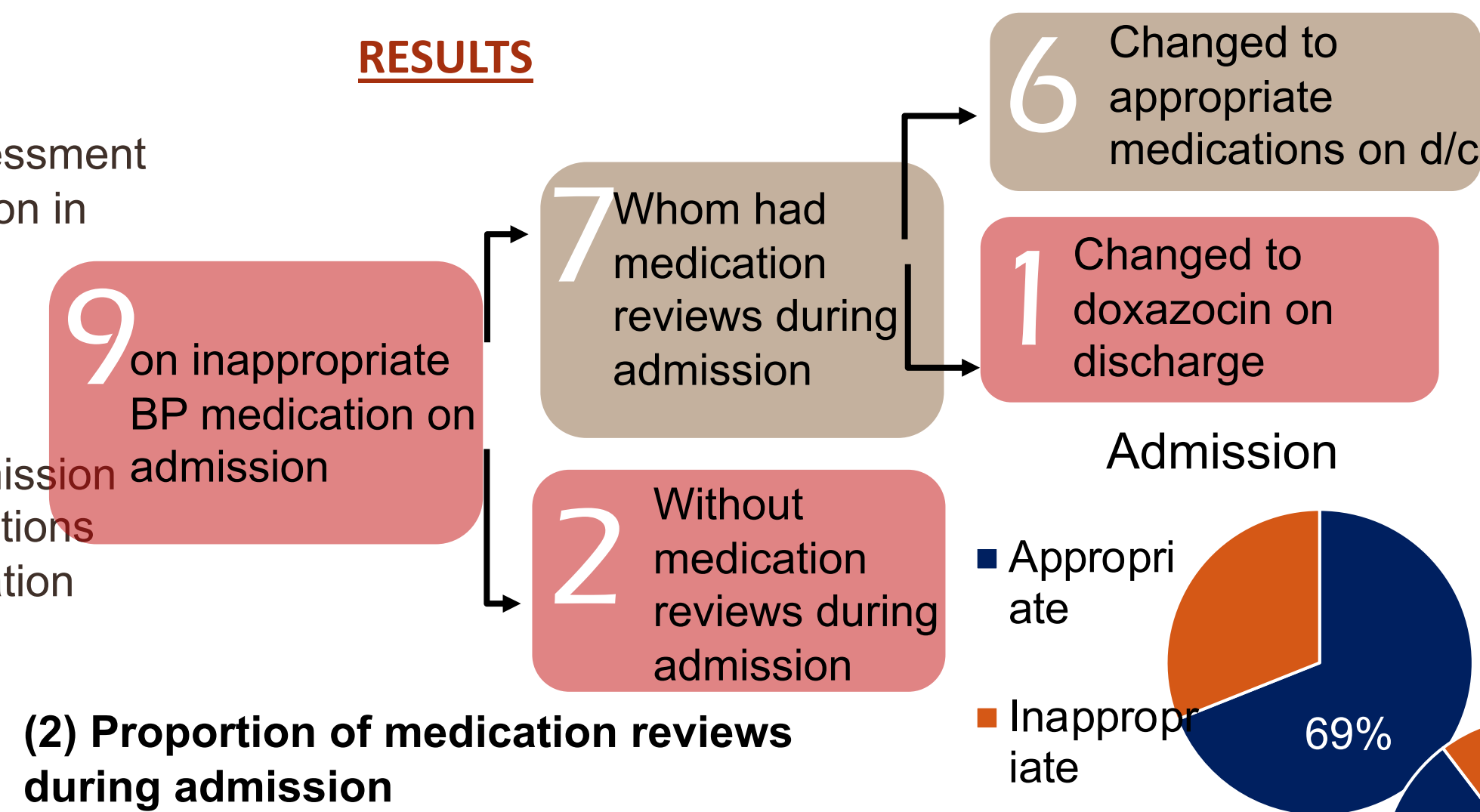
METHODS

Retrospective analysis of 29 patients with inclusion criteria:

- Adults > 65 years old
- Admitted under Ageing and Complex Medicine wards
- Diagnosis synonymous to hypertension, postural hypotension, syncope or falls

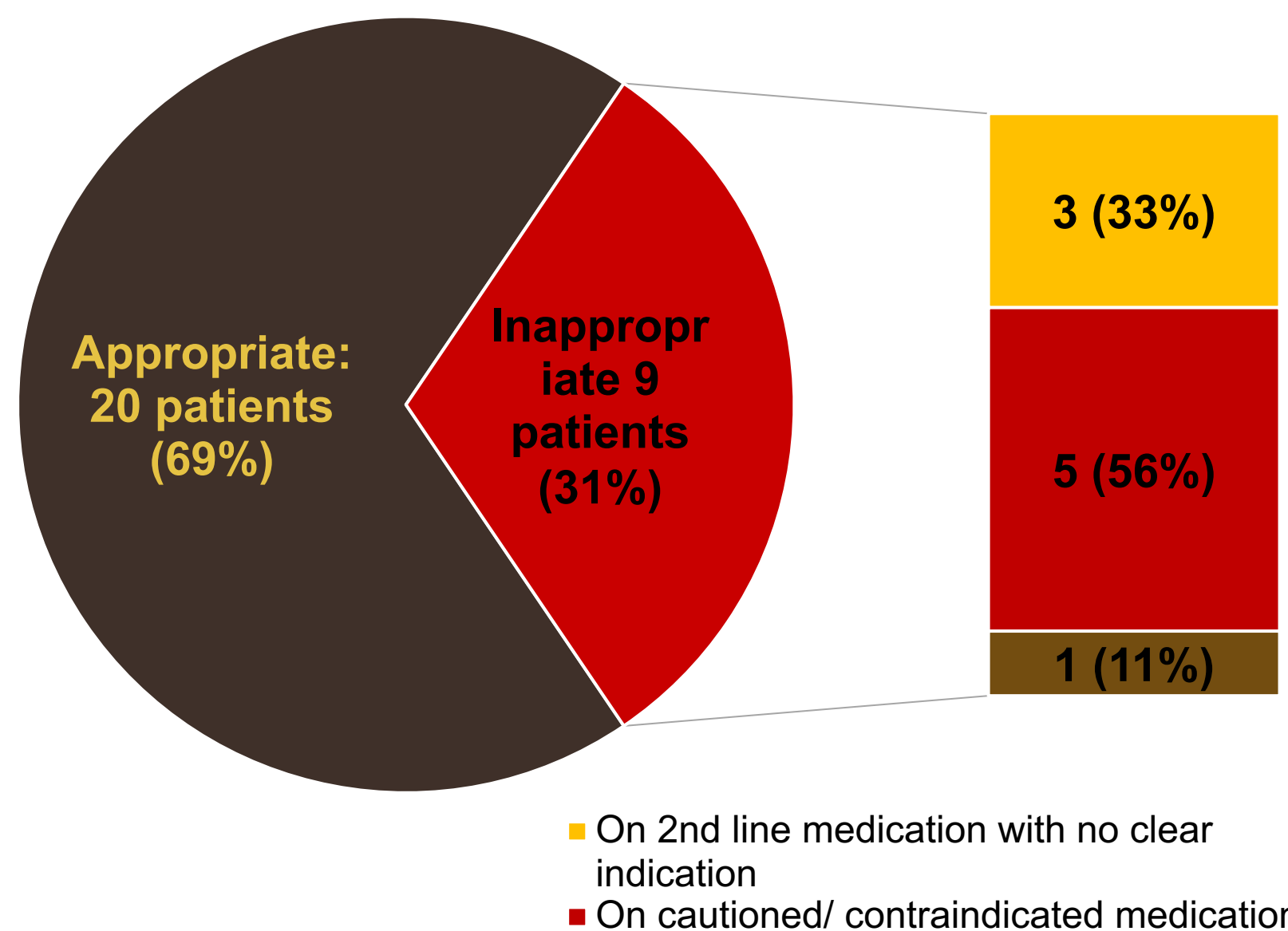
(July – Nov 22)

RESULTS

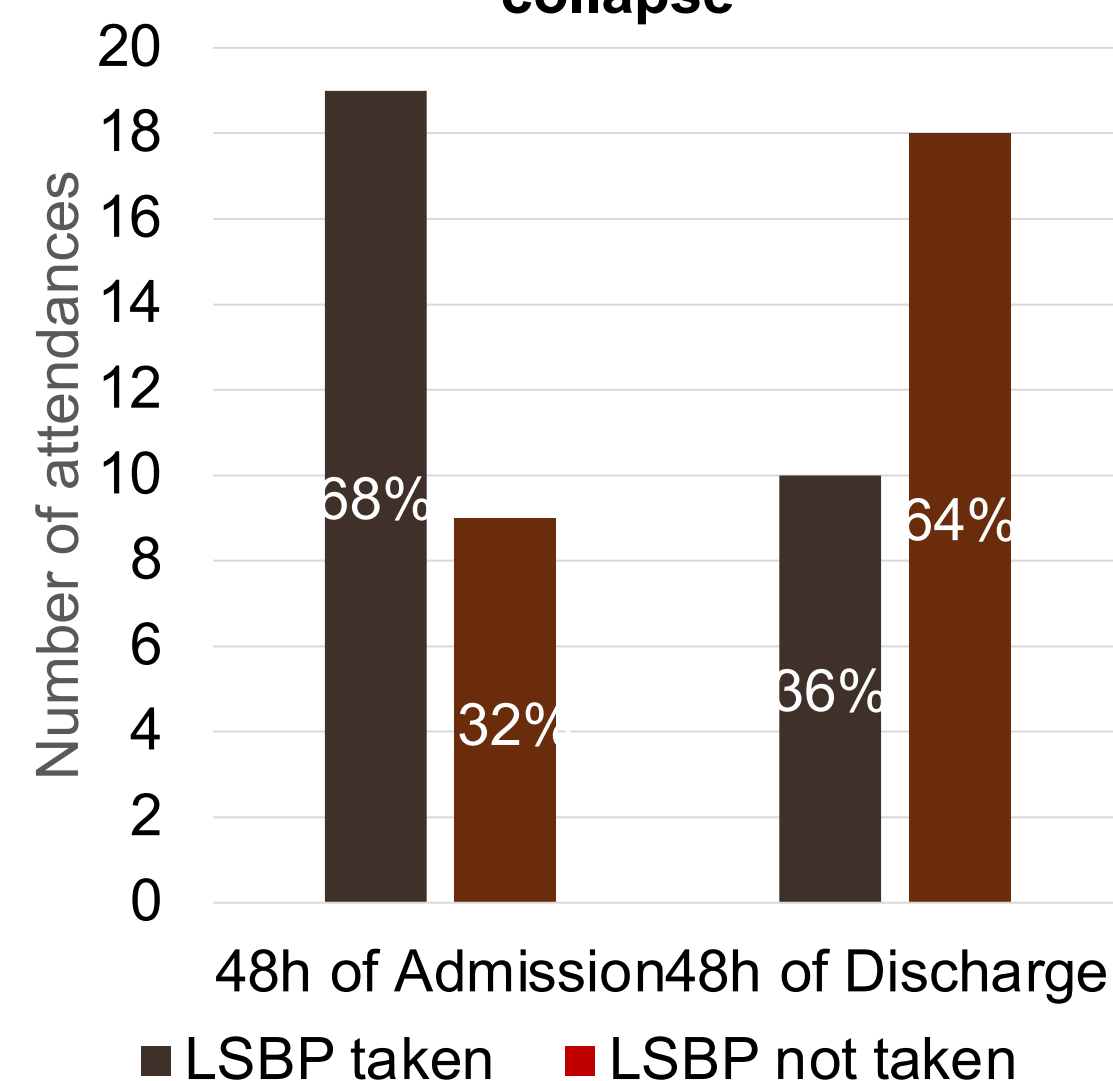


(2) Proportion of medication reviews during admission

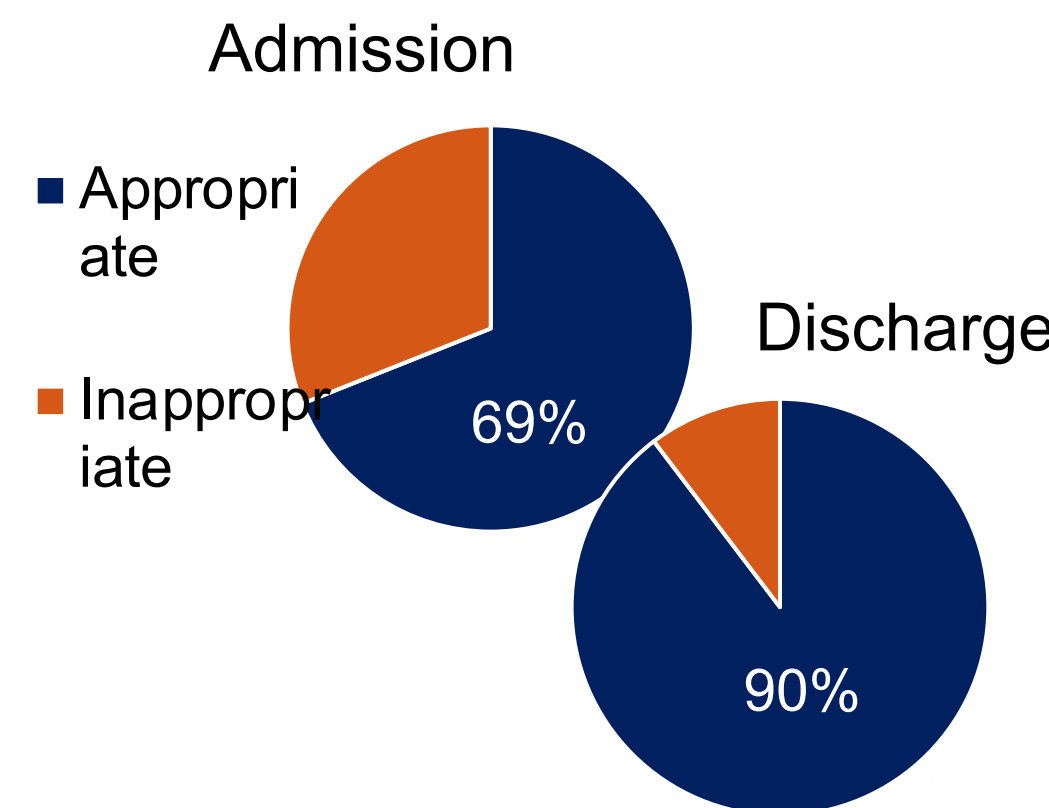
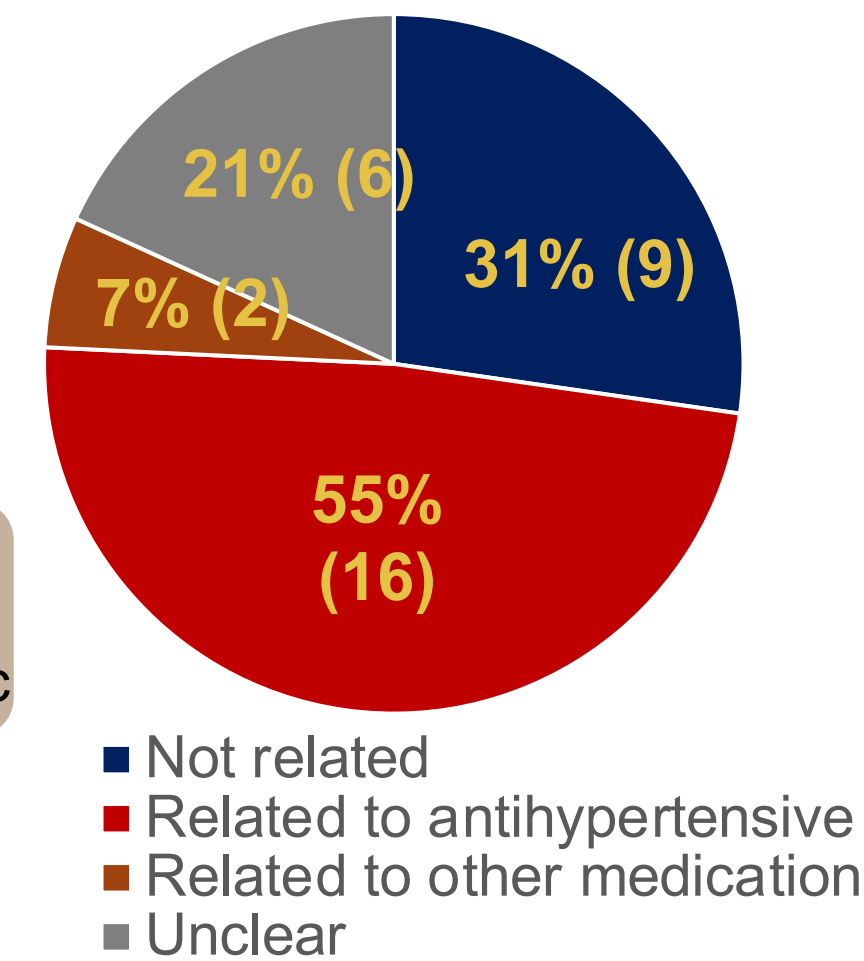
(1) Patients on (in)appropriate antihypertensives at admission



(4a) Compliance in LSBP assessment in patients diagnosed with falls/ syncope/ collapse

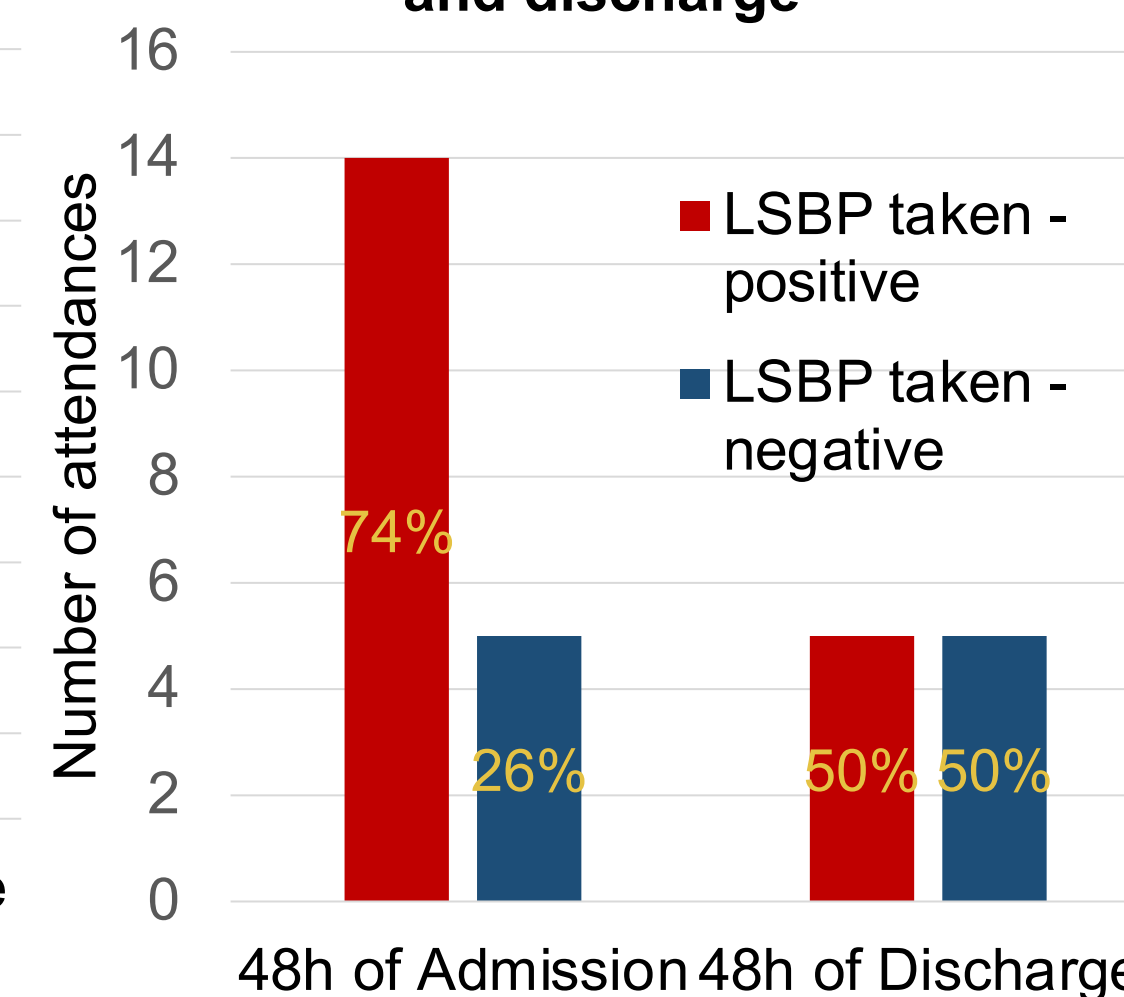


(3) Patients with primary or secondary diagnosis related to medications



Scan for further details on criteria for appropriateness of medication

(4b) LSBP findings at admission and discharge



(5) 5/29 (18%) re-admissions within 6 months

CONCLUSIONS

- 1 in 3 older patients are admitted with inappropriate antihypertensives, with half of these due to STOPP medications
- Good compliance in medication reviews by medical teams resulting in 20% more older patients discharged with appropriate medication
- Poor compliance in measuring LSBP, with significantly high number of patients discharged with positive findings
- Almost 1 in 5 patients were readmitted to hospital within 6 months, all of whom had positive LSBP in first admission.

LIMITATIONS

- Limited sample size
- Coding and documentation bias
- Inaccurate/ incomplete frailty record
- Poor or inadequate LSBP recording

FUTURE SCOPE

- Enhance clinician confidence & knowledge through education
- Improving system records for lying standing blood pressure
- Improving patient access to compression stockings and lifestyle advice
- Trust wide guidelines for managing hypertension in older populations
- Improving community care

REFERENCES

- (1) National Institute for Health and Care Excellence (2019). *Hypertension in adults: diagnosis and management*. [online] Nice.org.uk. Available at: <https://www.nice.org.uk/guidance/ng136>.
- (2) Cumbria Clinical Commissioning Group (2016). *STOPP START Toolkit Supporting Medication Review*.