

Number of drug classes taken per day may be used to access comorbidity burden in older inpatients: A pilot crosssectional study

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older inpatients: A pilot cross-sectional study

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de Decker, Laure [1], Launay, C. [2], Annweiler, Cédric [3], Beauchet, Olivier [4] Auteur

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> Cumulative Illness Rating Scale (CIRS) remains difficult to use in older patients, especially because of a possible memory bias while declaring a chronic disease among patients with cognitive disorders. Because acute and chronic diseases are usually treated with drugs, we hypothesized that the number of drug classes taken per day could be a surrogate measure of comorbidity burden and, thus, could be positively associated with the CIRS-G score. The aim of this study was to determine whether the CIRS-G score was associated with the number of drug classes taken per day by older inpatients in a geriatric acute care unit. Based on cross-sectional design, 324 older inpatients (85.3 \pm 6.4 years, 63.3% female) were prospectively included in this study.

Résumé en anglais

Number of drug classes daily taken was recorded using the Anatomical Therapeutic Chemical Classification (ATCC) and the CIRS-G score was also calculated. Among studied older inpatients, the mean CIRS-G score was 8.6 ± 3.6 and the mean number of drug classes daily taken was 7.0 \pm 3.7. The linear regressions showed that only the number of drug classes daily taken was significantly and positively associated with the CIRS-G score (coefficient of regression $\beta = 0.317$ for unadjusted model, $\beta = 0.304$ for fully adjusted model and $\beta = 0.317$ for backward model with all P-values < 0.001). Our findings show that there is a direct association between the CIRS-G score and the number of drugs classes daily taken among the studied sample of older inpatients.

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