POLYPHARMACY TREND IN WOMEN WITH CHRONIC KIDNEY DISEASE IN UNITED STATES OUTPATIENT SETTINGS

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OBJECTIVE: Women with chronic kidney disease (CKD) are often at risk of experiencing polypharmacy. Polypharmacy is defined as the excessive use of drugs. This study examined variations in numbers of medications used by women with CKD in outpatient settings in the United States. METHODS: This cross-sectional study used data from the National Ambulatory Medical Care Survey (NAMCS) from 1996-2003. Women aged 18 years and older with CKD were included in the study sample based on clinical diagnoses and the reason for the visit. Polypharmacy was determined by retrieving number of medications used (≥5 medications) during the time of visit (retrieved using the NAMCS drug codes). All analyses were weighted to make national estimates. RESULTS: There were approximately 58 million weighted outpatient visits for women with CKD from 1996 to 2003. The mean age for this population is 62. Nearly 14% of these visits were by Hispanic women. Nephrologists accounted for only 15% of CKD patient visits. Just over 4% of women reported having 8 medications at the time of their visits. Furthermore, 32% of patients were using ≥5 medications. Multivariate analysis showed that women seen by nephrologists were about two times more likely (OR:1.995% CI: (1.19-3.30) (p ≤ 0.05) to receive a prescription for ≥5 medications than those not seeing a nephrologist. Hispanic women were 34% less likely (OR:0.635% CI: (0.25-0.94) (p ≤ 0.05) to receive a prescription for ≥5 medications than non Hispanic patients. Additionally, this study also identified significant regional and time variations (p ≤ 0.05) in polypharmacy trends within this population in U. S. outpatient settings. CONCLUSION: The findings of this study suggest that polypharmacy is prevalent in this population within U. S. outpatient settings. Increased awareness among clinicians is needed regarding the impact of polypharmacy on women with CKD in outpatient settings in the U.S.