Study of potential drug interactions between prescribed drugs in geriatric patients attending outpatient department in a government tertiary care hospital in Maharashtra

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INTRODUCTION

The drug interaction is defined as a modification of the effect of a drug when it is administered with other drugs. Geriatric population is exposed to multiple drugs and consequently suffers many drug interactions (DIs). The objective of this study was to assess the potential drug interactions (PDI) in the geriatric population attending out-patient department (OPD) in a tertiary care hospital.

Methods: A cross sectional observational study was carried out from July to September 2015. Patients of either gender, age 60 years or more, attending OPD in tertiary care hospital and prescribed two or more drugs, were included in the study. Prescriptions of medical officers were screened for PDIs with Medscape drug interaction software available on the website www.medscape.com.

Results: In the present study, out of 600 prescriptions, 48.50% were identified having at least one drug interaction. Total 584 PDIs were found in 111 drug pairs. 29.62% PDIs were pharmacodynamic, 42.80% pharmacokinetic type and 10.78% PDIs were found affecting serum potassium level. Majority of PDIs (61.81%) were found significant followed by minor (36.98%) and severe (1.19%). Ranitidine and cyanocobalamin was the most common pair showing PDI (105) followed by aspirin and enalapril (44). Aspirin was found to be the most common single drug amongst pairs to cause PDI in the present study.

Conclusions: In the present study, PDIs were studied in geriatric population. Knowledge of the prevalence and predictors of clinically important PDIs will help physicians and pharmacists identify patients at higher risk of adverse drug interactions requiring more cautious pharmacotherapy.

Keywords: Drug interaction, Geriatric, Medscape, OPD

ABSTRACT

Background: A drug interaction is defined as a modification of the effect of a drug when it is administered with other drugs. Geriatric population is exposed to multiple drugs and consequently suffers many drug interactions (DIs). The objective of this study was to assess the potential drug interactions (PDI) in the geriatric population attending out-patient department (OPD) in a tertiary care hospital.

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INTRODUCTION

The drug interaction is defined as a modification of the effect of a drug when it is administered with other drug. The effect may be an increase or a decrease in the action of either substance, or it may be an adverse effect that is not normally associated with either drug.

Drug interactions represent a frequent cause of hospitalization, 2.8% of all hospitalizations in the elderly population. Drug interactions amount 6-30% of all adverse drug events. The DIs may cause significant morbidity in patients and economic burden on healthcare system.

Aging is associated with physiological changes that may alter absorption, distribution, metabolism and excretion and response to drug. Geriatric population may suffer from more than one pathological condition necessitating prescription of more than one drug. It may be therapeutically rewarding to identify drug interactions amongst commonly prescribed drugs. A wealth of data on potential drug interactions in our elderly population may reduce morbidity and mortality in this population.

So, present study was proposed to investigate potential drug interactions between prescribed drugs in geriatric patients attending outpatient department (OPD) in a rural government tertiary care hospital in Maharashtra, India.
METHODS

This was an observational, cross-sectional study conducted in a tertiary care teaching hospital of rural Maharashtra, India. The study was conducted over a period of four months from July 2015 to October 2015 after approval from institutional ethics committee. Total of 600 patients were enrolled in the study.

**Inclusion criteria**

Patients of either gender, age above 60 years or more, attending OPD in tertiary care hospital and prescribed two or more drugs.

**Exclusion criteria**

Patients not willing to consent, patients with acute serious conditions such as myocardial infarction, diabetic coma and left ventricular failure etc.

The diagnosis and line of treatment were decided by the physician. No additional drugs or investigations were advised by us during the study period. Data of patients as per inclusion criteria was recorded. Patients were informed about the nature of research work. Written informed consent was taken from each patient before including him or her into the study.

To analyze drug interactions, software namely medscape drug interaction checker (URL- http://reference.medscape.com/drug-interaction-checker) freely available on the website www.medscape.com was used.

The clinical relevance of potential PDI was defined by a software programme namely medscape drug interaction checker, which classifies PDIs as mild, significant and serious. This software, based on clinical and pharmacological documentation, gives a reasonably fair idea of potential adverse event risk and efficacy of drugs.

Statistical analysis was done using Microsoft Office Excel® 2007.

**RESULTS**

Total 600 patients were enrolled in the study. The demographic data is as shown in Table 1.

**Table 1: Demographic data.**

| Gender    | Number | Percentage |
|-----------|--------|------------|
| Male      | 366    | 61         |
| Female    | 234    | 39         |

The number of drugs prescribed to all patients ranged from 2-8 per person as shown in Table 2.

**Table 2: Number of drugs per prescription.**

| Number of drugs in a prescription | Number of patients | Total number of drugs |
|-----------------------------------|--------------------|-----------------------|
| 2                                 | 131                | 262                   |
| 3                                 | 202                | 606                   |
| 4                                 | 194                | 776                   |
| 5                                 | 45                 | 225                   |
| 6                                 | 23                 | 138                   |
| 7                                 | 4                  | 28                    |
| 8                                 | 1                  | 8                     |

Potential drug interactions were detected with the help of medscape drug interaction checker. Out of 600 prescriptions enrolled in the study, 391 (48.50%) were identified having at least one PDI.

Total of 584 potential drug interactions (PDI) were detected between 111 drug pairs. Ranitidine and cyanocobalamin was the most common pair showing PDI (105) followed by aspirin and enalapril (44).

Medscape drug interaction software identified potential PDIs into the categories of minor, significant and serious. Out of 584 PPDI, 7 (1.19%) serious, 361 (61.81%) significant while 216 (36.98%) were minor.

**Figure 1: Drug interactions as per their severity.**

Serious interactions were detected between ibuprofen and aspirin (3), ciprofloxacin and ondansetron (2), telmisartan and enalapril (1) and rabeprazole and digoxin (1).

**Table 3: Severe interactions.**

| Drug Pair            | Number of times of interaction |
|----------------------|--------------------------------|
| Ibuprofen + aspirin  | 3                              |
| Telmisartan + enalapril | 1                          |
| Rabeprazole + digoxin | 1                              |
| Ciprofloxacin + ondansetron | 2                          |

Medscape drug interaction checker software detected out of 584 PDIs causally 42.8% were pharmacokinetic.
29.62% pharmacodynamic, in 16.78% the mechanism was unknown and 10.78% were found to affect serum potassium level.

Out of 250 pharmacokinetic PDIs, 149 were known to affect absorption, 51 Excretion, 32 Metabolism and 12 Distribution.

Total of 173 pharmacodynamic PDIs were identified. 95 were synergistic and 78 were antagonistic.

In present study, aspirin was the most common drug with potential of interactions. 146 PDIs were attributed to it, followed by amlodipine (131), enalapril (109), cyanocobalamin (108) and atenolol (96).

Adverse drug reactions are significant cause hospital of admission. Many of the adverse drug reactions are caused by drug interactions. Elderly people are more susceptible for drug interactions owing to poly-pharmacy. Some PDI are common and elderly patients should be monitored for them. The data regarding PDI in elderly patients in India is scarce. Therefore, this study was planned.

In this study potential drug interactions were detected using medscape drug interaction checker software. It is a web portal from WebMD which is a part of WebMD health professional network. It is a reputed online portal.
Many other softwares have been used in various studies which include Micromedex drug interaction checker, Drugs.com/drug interaction checker etc.

A total of 584 PDIs were identified in 600 patients involving 78 different drugs with a total of 111 different drug combinations. In this study, the prevalence of PDI was found to be 48.50% which is comparable to 41.5% in the study of Bjorkman et al. KOthari et al studied PDIs in patients of hypertension and reported overall incidence of 71.5%. This is different on the account of differing inclusion criteria.

The possibility of drug interaction rises whenever patient concurrently receives more number of drugs. In the present study, patients were prescribed on an average 3.41 drugs. Many of the commonly used drugs in geriatric patients interact with each other. These drugs can be used together to treat various conditions following a risk-benefit assessment. It is desirable that many clinicians balance the risk of PDIs against benefits while prescribing drugs to the geriatric patients.

Of the total identified PDIs 61.8% were of significant severity. Causally 42.6% were pharmacokinetic, 29.68% pharmacodynamic, in 16.78% the basis of drug interaction was unknown and in 10.78% drug interactions affected serum potassium level. These findings are comparable to 76% Pharmacokinetic and 22% Pharmacodynamic interactions in the study of Vonbach and Aparasu.

Most common drug involved in PDI is Aspirin, an antiplatelet drug followed by amlodipine, a calcium channel blocker and enalapril, an ACE inhibitor. Aspirin was involved in 25% (146) of PDIs, which is lesser than the reported incidence by Patel VK et al. (44.84%) which may be attributed to the selection of patients of heart disease only.

In this study, significant number of patients was at risk of developing potential drug interaction. Proper management of PDIs is based on recognition of the PDIs and consequently taking the suitable measures like therapeutic drug monitoring and dose adjustment, inclusion of corrective agents to reduce the likelihood of an adverse outcome eg. omeprazole for gastric protection.

Despite the great heterogeneity in health status and functional levels within the elderly population, aging generally increases an individual’s risk of illness and, subsequently use of medications. The frequent presence of coexisting illnesses and the use of multiple medications by the elderly increase the potential for drug interactions. In such scenario of increased risk of interactions and potential adverse outcomes, there is a need to establish database of PDIs in our patients, to monitor them and to take suitable preventive or corrective measures.

Limitations of this study

There are some limitations of this study. We have collected data from only one institute, therefore population is relatively homogenous. The utilization of PDI-checker software provides only a ‘potential’ estimate of occurrence of PDI. This approach does not take into account the actual occurrence of adverse effects. However, despite these limitations, this approach is currently widely used to assess the clinical relevance and risk of exposure to.

CONCLUSION

This study shows the overall incidence of PDIs was 48.50%. Majority interactions are of significant severity. Most of the interactions are pharmacokinetics type, most of them due to changes in absorptive mechanism. Aspirin is the most commonly involved drug in interactions and hence needs intensive monitoring during therapy.

Knowledge of the prevalence and predictors of clinically important PDIs will help clinicians and pharmacists to identify patients at higher risk of PDI-related adverse drug reactions, which require cautious use of medications to avoid adverse outcome.

More studies from various medical centres are needed to establish data on PDIs (potential drug interactions) in geriatric population.

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