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El *NHS* de Gales ha publicado una guía para profesionales sanitarios sobre polifarmacia en personas mayores cuya finalidad es optimizar las prescripciones en pacientes mayores que pueden estar sujetos a polifarmacia inapropiada.

Se abordan los siguientes aspectos: fragilidad del paciente anciano, medicamentos de alto riesgo, actuación en días de enfermedad aguda, revisión de la adherencia, tratamientos antibióticos, efectos cognitivos de medicamentos anticolinérgicos; y, caídas.

Incluye una guía práctica de deprescripción en la que se tratan de forma específica varios grupos de medicamentos:

- Antihipertensivos.
- Benzodiazepinas y medicamentos relacionados con benzodiazepinas o medicamentos Z (zolpiden, zopiclona).
- Corticosteroides orales.
- Antidepresivos.
- Bisfosfonatos.
- Antiácidos (inhibidores de la bomba de protones y antagonistas H2).
- Opioides en dolor no oncológico.
- Gabapentinoides en dolor neuropático.
- Antipsicóticos en demencia.

Relacionado con este tema se puede consultar el BTA del 2021 titulado: polimedicación y deprescripción: recomendaciones prácticas.

A modo de ejemplo, a continuación, se reproduce la Figura 1: algoritmo de deprescripción de bifosfonatos, y la Tabla 8: medicamentos que pueden aumentar el riesgo de caídas.



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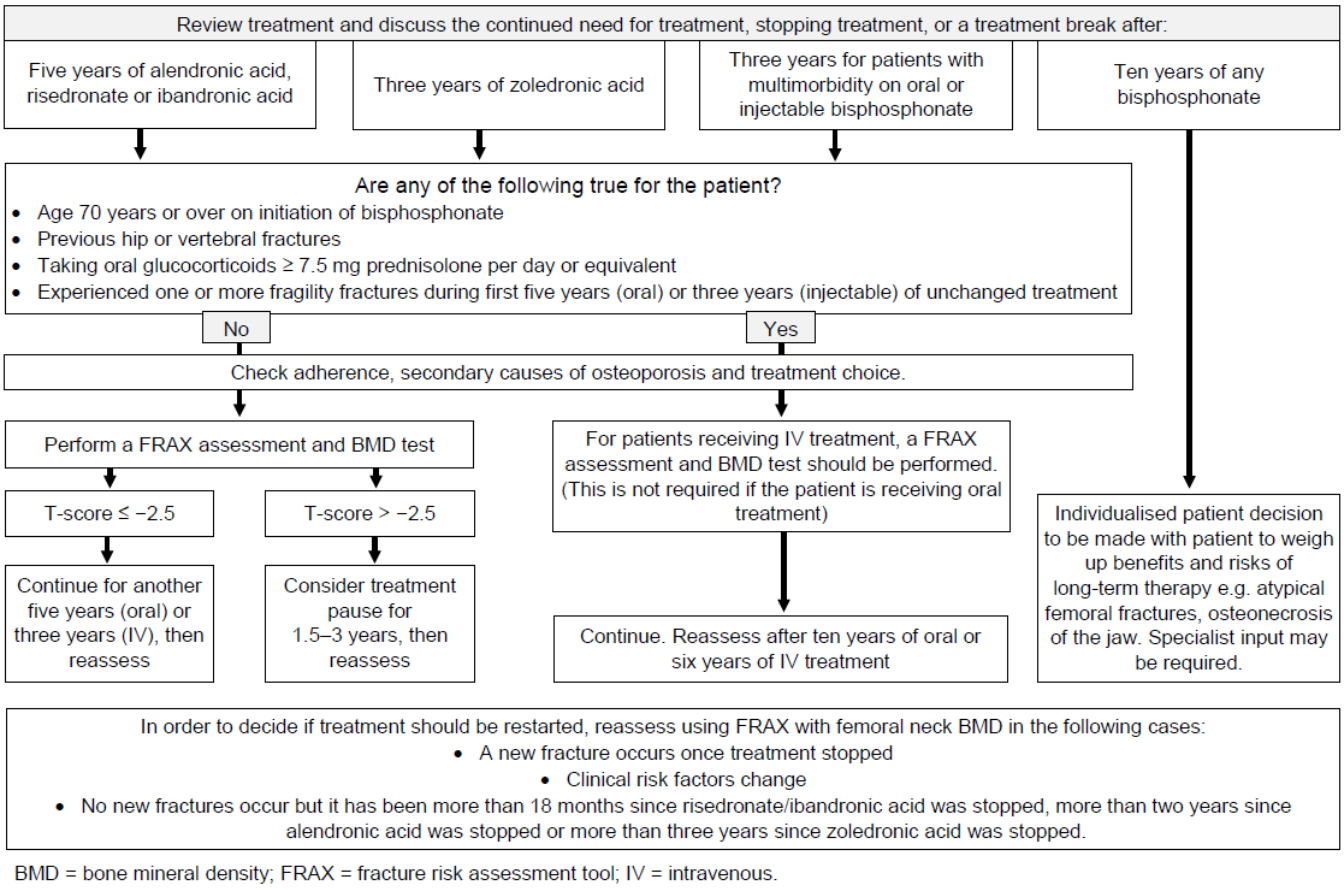
**Figure 1. Bisphosphonate deprescribing treatment algorithm[49,51]**




BMD = bone mineral density; FRAX = fracture risk assessment tool; IV = intravenous.



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**Table 8. Medicines that can increase the risk of falls which should be taken into consideration when undertaking a medication review and/or when prescribing new medicines[82]**

| | |
|---|---|
| **Red (High risk)*** | |
| | **Alpha blockers:** Alfluzosin, doxazosin, indoramin, prazosin, tamsulosin, terazosin |
| | **Angiotensin converting enzyme inhibitors:** Captopril, enalapril, lisinopril, perindopril, rampiril, trandolapril |
| | **Antianginals:** Glyceryl trinitrate, isosorbide mononitrate, nicorandil |
| | **Antiepileptics:** Carbamazepine, phenobarbitone, phenytoin |
| | **Anti-psychotics:** Chlorpromazine, fluphenazine, haloperidol, olanzapine, quetiapine, risperidone |
| | **Benzodiazepines** |
| | **Beta blockers:** Atenolol, bisoprolol, carvedilol, metoprolol, propranolol, sotalol, timolol eye drops |
| | **Centrally acting alpha 2 receptor agonists:** Clonidine, moxonidine |
| | **Dopamine agonists**:** Pramipexole, ropinirole |
| | **Monoamine oxidase inhibitors:** Isocarboxazid, phenelzine, tranylcypromine |
| | **Monoamine oxidase B inhibitors**:** Selegiline |
| | **Opioids** |
| | **Sedating antidepressants:** Amitriptyline, clomipramine, dosulepin, doxepin, imipramine, lofepramine, mianserin, mirtazapine, nortriptyline, trazodone, trimipramine. |
| | **Serotonin reuptake inhibitors:** Duloxetine, venlafaxine |
| | **Thiazide diuretics:** Bendroflumethiazide, chlorthalidone, metolazone |
| | **Z drugs:** zopiclone/ zolpidem |
| **Orange (Medium risk)*** | |
| | **Angiotensin receptor blockers:** Candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan |
| | **Antidysrhythmics:** Amiodarone, digoxin, flecanide |
| | **Anti-epileptics:** Gabapentin, sodium valproate |



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## Polypharmacy in older people: A guide for healthcare professionals

| | |
|---|---|
| | **Calcium channel blockers:** Amlodipine, diltiazem, felodipine, lercanidipine, nifedipine, verapamil |
| | **Loop diuretics:** Bumetanide, furosemide |
| | **Muscle relaxants:** Baclofen, dantrolene |
| | **Selective serotonin reuptake inhibitors:** Citalopram, fluoxetine, paroxetine, sertraline |
| **Yellow (Possible risk)*** | |
| | **Acetylcholinesterase inhibitors:** Donepezil, galantamine, rivastigmine |
| | **Antiepileptics:** Lamotrigine, levetiracetam, pregabalin, topiramate |
| | **Antipsychotics:** Prochlorperazine |
| | **Antihistamines:** Cinnarazine, chlorphenamine, hydroxyzine, promethazine, trimeprazine |
| | **Anticholinergics:** Oxybutynin, solifenacin, tolterodine |
| * This is not a fully comprehensive list. It is intended to raise awareness of the types of drugs that cause falls. Other drugs may cause falls in certain circumstances in certain patients.<br>** Do not change these Parkinson's medications without the advice of a specialist | |

For further details on how the individual medication groups within the table cause falls, see *Medicines and Falls in Hospital: Guidance Sheet* (Darowski A *et al.* 2011)[82].

Osteoporosis risk should also be assessed as part of the multifactorial assessment, with the relevant treatment commenced as per the NOGG guidance, if appropriate.



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