USE OF THE BRIEF-MULTIDIMENSIONAL PROGNOSTIC INDEX FOR MEDICATION RECONCILIATION AND DEPRESCRIBING IN FRAIL ELDERLY PATIENTS

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Introduction. Polypharmacy in frail elderly patients increases the risk of adverse events. Using the Brief-Multidimensional Prognostic Index (B-MPI) allows for risk-based stratification in General Practice, effectively identifying candidates for medication reconciliation and targeted deprescribing within a person-centered care model.
Materials and Methods. A project for General Practitioners (GPs) was conducted in two phases. The first phase consisted of training sessions aimed at introducing prescribing appropriateness and defining criteria for patients eligible for reconciliation and subsequent deprescribing. The second phase actively involved GPs in the practical application of these concepts by identifying patients aged over 80 taking more than eight medications. The standardized B-MPI questionnaire was administered to these patients to provide a score for stratifying global prognostic risk (mortality and adverse events), supporting the identification of those suitable for therapeutic intervention.
Results. Descriptive analysis of the database included interventions from 28 physicians, covering a total of 140 patients. When stratified using the B-MPI, the sample showed a predominantly moderate global risk (57%), while 26% showed high risk and 17% mild risk. The most frequently deprescribed pharmacological classes were proton pump inhibitors (18%), allopurinol (15%), and statins (14%), followed by acetylsalicylic acid (5%), cholecalciferol/calcifediol (5%), and ezetimibe (4%).
Conclusions. This project validates a care model centered on prescribing appropriateness through active GPs engagement. Preliminary analyses confirm the high prevalence of complex and often partially inappropriate polypharmacy in frail elderly patients. These data support the necessity of a structured pathway for case selection, standardized data collection, and systematic medication review.