ABSTRACT

OBJECTIVE The objective of this work is to analyze the relationship between functional decline and polypharmacy of elderly patients; and also the correlation between the number of emergency visits and hospitalization over the last year and the mortality, frequency of emergency visits and hospitalizations among the 3 following months in order to determinate any standard who allow to detect frail elderly patients in Emergency department(ED). This screening could help to provide them individual care, improving their mobility abilities and independence. METHOD: Observational retrospective analytic study over 83 elderly patients, over 65 year admitted in ED. Hypothesis test were made in order to find the relationship between variables and outcomes. Multivariate analysis was also performed using a logistic regression model, evaluating the convenience of model with the area under the curve. OUTCOMES: Once picked and evaluated all these variables, there is only one significative statistical variable between age and functionality belong Barthel and mortality, with a predicted probability of 0.787. About the polipharmacy, the outcomes variable frequency increases up to 10 prescriptions, but there is not significative statistical. CONCLUSIONS: Functional decline and age are short-term predictors of mortality in over 65 years old patients admitted in Emergency service. Polypharmacy can increase mortality risk, readmission and hospitalization in a short-term, but it is necessary more studies with a bigger sample of patients and more than 10 prescriptions.

Keywords: Frail Elderly, Polypharmacy, Emergency Department, Barthel Index, Mortality, Readmission, Hospitalization