

## Association of potentially inappropriate medication with patient-doctor relationship in community-dwelling Swiss older people

Auteurs par ordre alphabétique

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### Abstract

**Context:** The elderly population being high risk for drug adverse events, the management of their consumption of drugs is paramount. Polypharmacy is often used in this context as an indicator of overconsumption of drugs and Potentially Inappropriate Medication (PIM) as an indicator of low quality in this consumption.

**Objectives:** to determine whether exposures to polypharmacy and PIM differ according to how individuals interact with their health care system, through the health insurance scheme, the patient-doctor relationship and the patients' health care seeking behavior.

**Methods:** Answers of two postal questionnaires delivered to the members of two cohorts of the Lc65+ cohort study and one additional stratified random sample of older people in the canton of Vaud (N = 2,801) were used. A polypharmacy situation was observed when the patient declared taking 5 drugs or more. A PIM situation was identified from the Laroche list adapted to the Swiss population. Two logit regression models were then run, one for the risk of polypharmacy and one for the risk of PIM using health related variables, socio-economic variables and individual variables related to the health-care system.

**Results:** After adjusting for health and socioeconomic status, among the variables related to the health-care system, only patients' health care seeking behavior was positively and significantly associated with the risk of polypharmacy. Variables related with health insurance were significantly associated with the risk for PIM: being enrolled in a managed plan and higher deductibles were associated with a lower risk of PIM. Neither the polypharmacy nor PIM risks in older people would differ according the quality of the doctor-physician relationship.