

SUPPLEMENTARY MATERIAL

Community-level pharmaceutical interventions to reduce the risks of polypharmacy in the elderly: overview of systematic reviews and economic evaluations

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Supplementary Material 5 | Methodological assessment of included economic evaluation studies – AEES*

Studies	AEES items																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Jórdan-Sánchez et al. 2015 (1)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A	Yes	Yes	Yes
Desborougha et al. 2011 (2)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A	Yes	Yes	Yes
Bojke et al. 2010 (3)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A	Yes	Yes	Yes
Studies	AEES items																
	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	Rating
Jórdan-Sánchez et al. 2015 (1)	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	27/27
Desborougha et al. 2011 (2)	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	27/27
Bojke et al. 2010 (3)	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	27/27

AEES contains 33-items to appraise the methodological aspects of the economic evaluation studies. All 33-items were scored as “Yes”, “No”, “It is not clear” or “Not Applicable”. AEES comprises the following items: 1. Was the study question adequately, clearly and responsibly; 2. Has the study's target population been clearly described; 3. Were the main alternatives included in the study as well as a comprehensive description of the alternatives analyzed; 4. Was the time horizon of the model long enough to reflect the main differences - cost and outcome in health - among the strategies analyzed; 5. Was the study's perspective informed; 6. Does the study analyze both costs and health outcomes; 7. Has the type of economic evaluation been reported; 9. Have health outcome measures been clearly described and relevant to the study question; 10. Have the sources of estimates of health outcomes been described and justified and are they in line with the target population; 11. Were methods and assumptions used to extrapolate short-term results into final (medium- or long-term) results, which are described and justified; 12. If the estimates of health outcomes come from a clinical trial, does the research protocol reflect what would occur regularly in clinical practice; 13. If estimates of health outcomes have been systematically reviewed, has the quality of evidence been reported; 14. If the estimates of health outcomes come from observational studies or assumptions, was the use of this information due to lack of evidence of better quality; 15. Were the costs clearly stated; 16. Is the measurement of costs in line with the perspective adopted in the study; 17. Has the method used to calculate costs been described and adequate; 18. Was there information about the currency and the period in which the costs were collected; 19. If the costs were collected in different periods, was there an adjustment for inflation; 20. Were future costs and outcomes adjusted for the same discount rate, and was this adequate; 21. Was an analytical model used and is it appropriate to the objectives proposed in the study; 22. Do the states of health represented in the analytical model reflect the biological process of the disease and the consequences of the use of research technologies; 23. Was methodological uncertainty circumvented; 24. Has structural uncertainty been circumvented; 25. Was uncertainty about heterogeneity circumvented; 26. Was the uncertainty about the parameters circumvented; 27. Was the presentation of the study results based on any kind of ratio between costs and health outcomes; 28. Was the discussion of the study results broad enough, including the key aspects relevant to patients and the decision-maker; 29. Was there information about the internal consistency of the model; 30. Was there information about the external consistency of the model; 31. Has the study funding been adequately described; 32. Have the authors stated their potential conflicts of interest; 33. Has the study been approved by any institution that is qualified in research ethics.

*Adapted from: Silva EM, Galvão TF, Pereira MG, Silva MT. Estudos de avaliação econômica de tecnologias em saúde: roteiro para análise crítica. Rev Panam Salud Publica. 2014;35(3):219–27.

References

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2. Desborough JA, Sachb T, Bhattacharya D, Holland RC, Wright DJ. A cost-consequences analysis of an adherence focused pharmacist-led medication review service. *International Journal of Pharmacy Practice* (2011) 20:41-49. DOI: 10.1111/j.2042-7174.2011.00161.x
3. Bojke C, Sculpher M, Campion P, Chrystyn H, Coulton S, Cross B, Richmond S, Farrin A, Hill G, Hilton A, Miles J, Russell I, Chi KeiWong I. Cost-effectiveness of shared Pharmaceutical care for older patients: RESPECT trial findings. *Br J Gen Pract* (2010) January: 21-27. DOI: 10.3399/bjgp09X482312.