

PS - 104 Medication reconciliation : which selection criteria in psychiatry ?

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- Medication reconciliation (MR) was implemented in a psychiatric unit in January 2016.
- A test phase of 3 months was conducted by following the Med'Rec study indicators [1] [2].
- **Standard criteria** (Med'Rec study, > 65 years) are found **not adapted to psychiatric patients**.

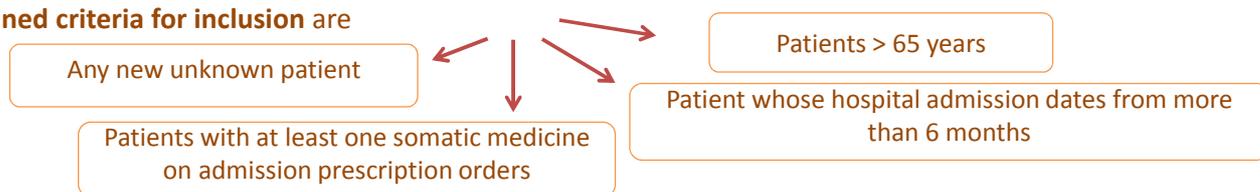
Selection criteria have been determined to **target the high-risk population**.

A second phase has been implemented to assess if the chosen criteria allow to reconcile the patients with a high risk of medication errors.

Are the chosen criteria for the selection of patients relevant for medication reconciliation?

METHODS

The study has been conducted in the same unit until reaching the same number of reconciled patients (RP) than the test phase. The **retained criteria for inclusion** are

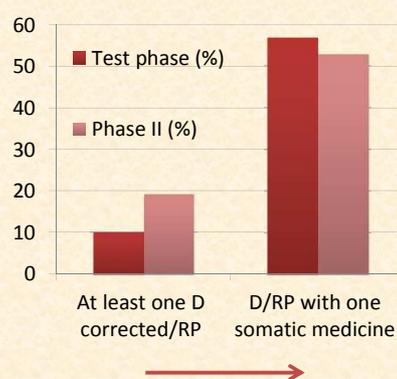


The selected indicators are those of the test phase [1]. The results are compared statistically (chi-square test). Discrepancies (D) correspond to medication errors (addition, omission...) found between the list of all medications a patient is taking daily and the admission prescription order.

RESULTS

MR = Medication reconciliation, RP= Reconciled patients, D= Discrepancies, NC= Not concerned, NS= Not significant

Indicators	Number of patients	MR in 24h/RP	D/RP	D of patients >65years / Patients>65 years
Test phase	67	0,54	0,32	0,14
Phase II	67	0,42	0,31	0,50
Statistics	NC	NC	p= 0,85 NS	NC, Sample too small



At least one D corrected/RP	D/RP with one somatic medicine
0,10	0,61
0,19	0,56
p= 0,15 Significant	p= 0,8 NS

DISCUSSION

- Patient's mental state can be an obstacle to do the medication reconciliation in 24h.
- For the number of discrepancies found, the results are the same (p=0,85).
- The criterion "Patients > 65years" is to be maintained even if the psychiatric population is young (as in the MedRec study).
- The involvement of the somatician physician (not consulted during test phase), in addition to the psychiatrist, enables better patient care (significant results with p= 0,15).
- Somatic drugs are more often involved than psychotropic drugs as in the test phase (p=0,8).

CONCLUSION

The retained criteria seem to fit our psychiatric unit to perpetuate medication reconciliation. A multicenter study could confirm that these criteria are suitable for psychiatry.

ACKNOWLEDGEMENTS

- [1] Thesis *Conciliation des traitements médicamenteux : expérimentation du rapport Med'Rec 2015 de l'HAS dans un établissement psychiatrique*, about test phase of Marine Buiche, June 2016.
- [2] The MedRec Study, *Initiative des HIGH 5s Medication Reconciliation*, HAS, September 2015.
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