

# SAFETY RELATED TO PSYCHOGERIATRIC PATIENTS. ONE YEAR PROSPECTIVE STUDY

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## Background

**Patient safety** is the most important concern for patients and caregivers, health care professionals, and health care systems. Adverse drug events (ADEs) are a common cause of hospitalization and occur with increasing frequency in hospital as patient's age.

## Aim

To determine **the ADEs** at admission and during the stay in a **psychogeriatric** unit.

## Method

**One-year prospective study** (July 2015 - July 2016).



**Inclusion criteria:** Patients with dementia, admitted for neuropsychiatric / Behavioral and Psychological Symptoms in Dementia (BPSD) control.  
**Excluded patients** with previous psychiatric illness or palliative.



**Medication review** at admission with prescribing information: Aegerus® and Catalonia clinical record HC3. Follow up weekly meeting with the physician.

**Demographic variables**  
(age/gender)  
**Diagnoses**

Global Deterioration Scale of Reisberg (GDS-R) and Barthel

Risk of fall J.H. Downton scale and Tinetti

Anticholinergic load **Drug Burden Index (DBI)**

**ADE assessment:** causality by Naranjo algorithm, severity by classification system of the Institute for Healthcare Improvement and Preventability Schumock-Thornton algorithm

## Results



65 patients (60% women)  
Age mean: 84.8 years(68-96).

D E M E N T I A

43% Unidentified

31% Alzheimer

8% Lewy bodies

8% Vascular

5% Mixed

6% Others

### GDS-R

Mean **4.5 (±1.2)**  
moderate cognitive impairment.

### Barthel

Mean **45 (±23)**  
moderate dependence.

### Comorbidities

Mean **4.8 (±1.6)**  
comorbidities.

**DBI** high risk in 69% of patients. High risk of **falls**, **Tinetti** (15.5±8) and **Downton** test (4.5±1.3).

**68 ADEs** (53 patients - 81.5%,  
22.6% more than 1)  
73.5% no related to falls.

**80%** were related to ATC **Nervous System**  
(46%, 23 ADE, **Psycholeptics**).

N A R A N J O

1 (2%) definite,  
**probable 45 (90%),**  
possible 4 (8%).

**E:** Temporary harm to the patient and required intervention in 34 (**68%**)

**F:** Temporary harm to the patient and required initial or prolonged hospitalization in 16 (32%).

S C H U M O R K - T H O R N T O N

**58% (29)** of the ADE were **preventable**, possible preventable 6% (3) and unavoidable 36% (18).

Main ADE: 27.7% drowsiness/somnolence, 12.8% weakness and hypoactivity and 10.7% hypotension.

DBI differences related to fall as ADE result (fall group 1.29±0.79, non-fall group 0.95±0.71 p=0.05).

## Conclusions



Anticholinergic load is determinant for ADEs related to fall with significant clinical consequences in these patients, and economic impact.



The balance between effective treatments and safety is complex in these patients. Mostly ADE are related to the pharmacological treatment of this BPSD.



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