CLINICAL INTERVENTIONS IN PATIENTS UNDERGOING ANTIPARKINSONIAN TREATMENT: THE IMPORTANCE OF CORRECT RECONCILIATION

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N04- ANTI-PARKINSON DRUGS

BACKGROUND AND IMPORTANCE

The purpose of the antiparkinsonian pharmacological treatment is to optimise dopamine levels and control of disease symptoms. Therefore, it is essential to implement a correct reconciliation procedure at hospitalization to avoid adverse effects associated with the medication.
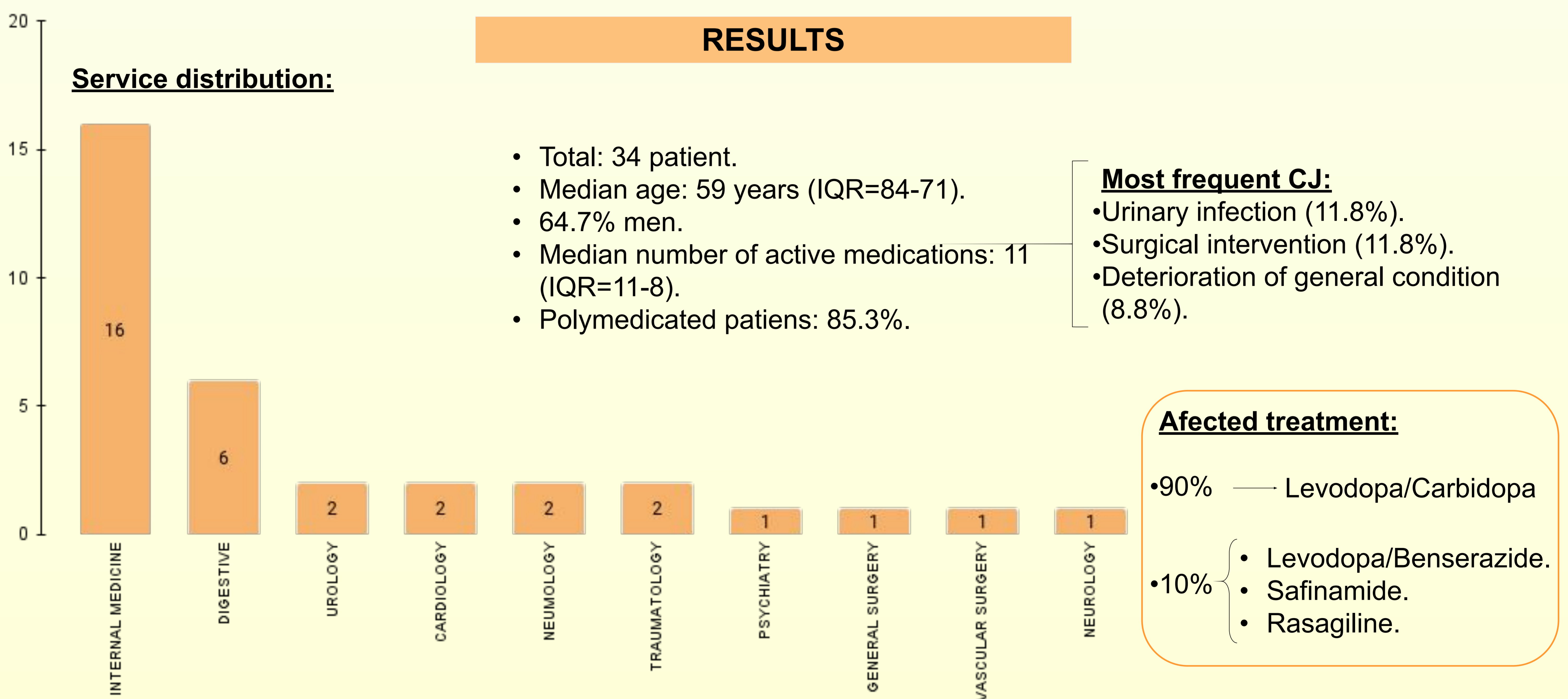
AIM AND OBJECTIVES

To describe the interventions performed in hospitalized patients undergoing antiparkinsonian treatment, by hospital pharmacists in the area of pharmaceutical validation, and to evaluate their acceptance degree by clinicians.

MATERIAL AND METHODS

This was a prospective, single-centre and interventional study, carried out over one year including all the hospitalized patients showing a discordance between their domiciliary antiparkinsonian treatment and at hospitalization. The following variables were collected: sex, age, clinical judgements(CJ), hospital service, number of chronic medicines and polymedication (≥6 drugs). Interventions were reported to the clinician via e-prescribing software. They were classified into: adequacy (detection of prescribing error/therapy reconciliation error), initiation (usual treatment not prescribed), posology modification (dosage increase/decrease, frequency/schedule modification), suspension (duplicity/unnecessary medication). Patient lists and data were collected through medical records and e-prescribing software, and processed using LibreOffice spreadsheet-7.5.1.2®.

RESULTS

Service distribution:

- Total: 34 patient.
- Median age: 59 years (IQR=84-71).
- 64.7% men.
- Median number of active medications: 11 (IQR=11-8).
- Polymedicated patiens: 85.3%.

Most frequent CJ:
- Urinary infection (11.8%).
- Surgical intervention (11.8%).
- Deterioration of general condition (8.8%).

Afected treatment:

- 90% —— Levodopa/Carbidopa
- 10% {
  - Levodopa/Benserazide.
  - Safinamide.
  - Rasagiline.
}

60 interventions	48	Acepted	31.2%	Frequency/Schedule modification.
			27.1%	Prescription of unnecesary medication.
			27.1%	Dosage increase/decrease.
			8.3%	Prescribing error/Therapy reconcilation error.
			4.2%	Usual treatment not prescribed.
			2.1%	Duplicity.
	12	Not acepted		

CONCLUSION AND RELEVANCE

The supervision of parkinsonian patients at hospitalization is a pharmaceutical daily work. This study showed that the reconciliation procedure has a high degree of acceptance, improving the quality and safety of the therapy.

REFERENCES

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