



A CROSS-SECTIONAL STUDY ON THE POTENTIALLY INAPPROPIATE PRESCRIBED AND CONTRAINDICATED HIGH-RISK MEDICATION IN HOSPITALIZED CHRONIC COMPLEX PATIENTS

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Assess the prevalence of potentially inappropriate prescribed medications (PIPs), High-Alert Medications (HRM) and contraindicated medications (CI) in chronic complex patients (CCP) to whom pharmacist-led in-hospital reconciliation have been performed and to determine the HRM burden consequence of PIPs.



Material and Methods

Cross-sectional study on hospitalized CCP (March - April 2022)



Pharmacists-led medication reconciliation:

- PIPs identification (using the List of Evidence-based deprescribing for chronic patients (LESS-CHRON) criteria)
- Contraindicated medication (using the Spanish datasheet)

 HRM (using the High-Alert Medications in chronic patients Institute for Safe Medication Practices (ISMP) list) identification was performed.

Results

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Demographic data together with Pfeiffer and Barthel index were collected from patients' medical records. Chi-square test was utilized to determine differences in the proportion of PIPs between HRM and non-HRM.

n = 60 patients Mean age = 76.8±9.8 years 43.3% 56.7 %	Mean number of prescribed medications: 12.8±4.7	Most frequent PIP + HRM 72.7% Benzodiazepines 9.1% Spironolactone 9.1% Vildagliptine 9.1% Quetiapine	Most frequent CI HRM 23% oral anticoagulants 23% digoxine 15% eplerenone
Pfeiffer index was 0-2 (normal cognitive level) in 35 patients (58.3%)			
Barthel index was 60-99 (low dependence level) in 26 patients (43.4%)	In 100% of patients, at least one PIP was detected (mean number of 4.7±4.1 PIPs)	11 patients (18.3%): HRM was also PIP	13 patients (21.7%): HRM was also contraindicated

There were non-significant differences in the proportion of PIPs between HRM and non-HRM (3.9% vs. 3%, p≥0.05).

...... Conclusions and relevance

- A high prevalence of PIPs was found through pharmacist-led assessment in hospitalized CCP according to LESS-CHRON criteria.
- A high number of PIPS and contraindicated medication were identified according to HRM assessed by IRMP, of which benzodiazepines and anticoagulants were the most detected according to the literature and the results obtained.

This fact highlights the need for pharmacists-led treatment-assessment and optimization programs in this population.



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