

# EVALUATION OF A CHRONIC MEDICATION ADEQUACY PROGRAM AT HOSPITAL DISCHARGE FOR FRAIL PATIENTS ADMITTED TO THE EMERGENCY SHORT-STAY UNIT OF A TERTIARY HOSPITAL

M. Canedo Castelo<sup>1</sup>, A. Suárez-Lledó<sup>1</sup>, J.R. Pérez Mas<sup>2</sup>, F. Llopis Roca<sup>2</sup>, P. Malchair<sup>2</sup>, M.B. Badia Tahull<sup>1</sup>, J. Martínez-Casanova<sup>1</sup>.

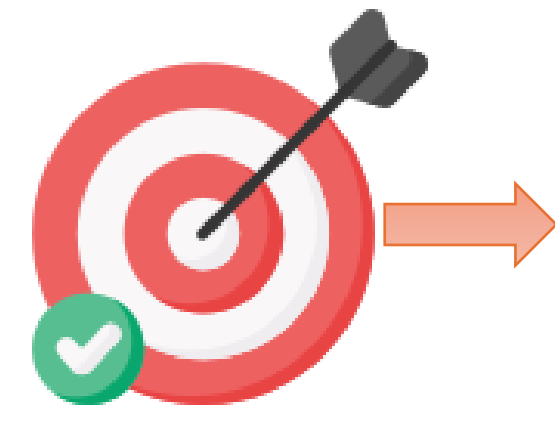
<sup>1</sup>Hospital Universitari De Bellvitge, Pharmacy Department, Hospitalet De Llobregat- Barcelona, Spain.

<sup>2</sup>Hospital Universitari De Bellvitge, Emergency Department, Hospitalet De Llobregat- Barcelona, Spain.

## BACKGROUND AND IMPORTANCE

Elderly's frailty and multimorbidity make them vulnerable to polypharmacy and inappropriate use of medications. This leads to the development of **drug-related-problems (DRP)**, putting their health at risk. Different strategies have been proposed to **optimize polypharmacy** in older adults.

## AIM AND OBJECTIVES



- To **adequate the chronic medication** of frail patients discharged from the emergency short-stay unit, according to the evidence and individualized to their comorbidities.
- To **analyze the performed interventions** according to physician's acceptance and clinical benefit obtained.

## MATERIALS AND METHODS



**Multidisciplinary project** on the adequacy of chronic medication at hospital discharge developed in a **tertiary level hospital**.



Prospective medication plan review of patients expected to be discharged who met frailty criteria:

**Adjusted morbidity grade (AMG)=4**  
**Readmission risk ≥10%**

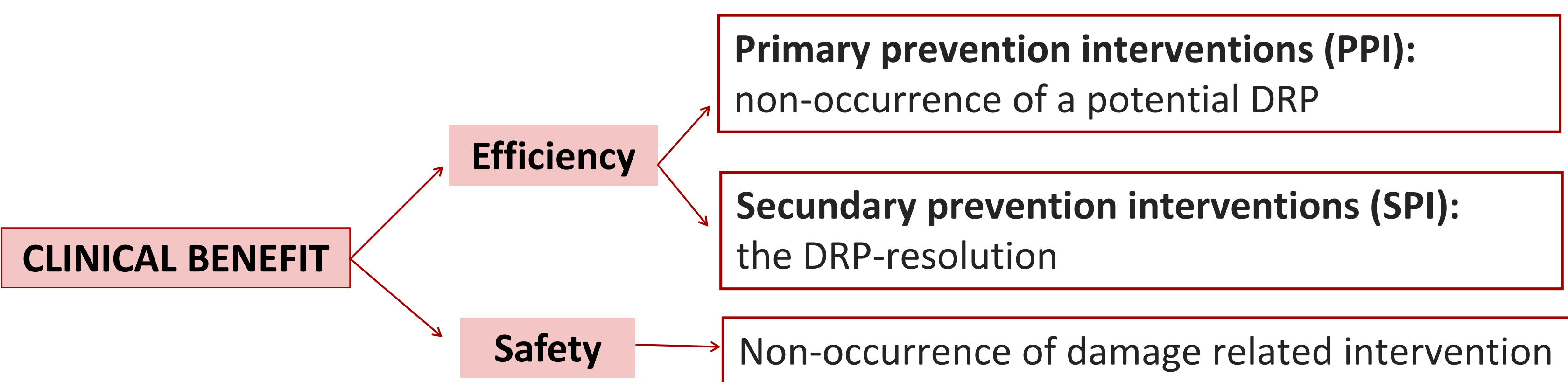


**Collected data**

- Demographics
- Comorbidities
- Intervention acceptance
- Medication plan
- Reconsultations** to the health system in the **next 3 months**.

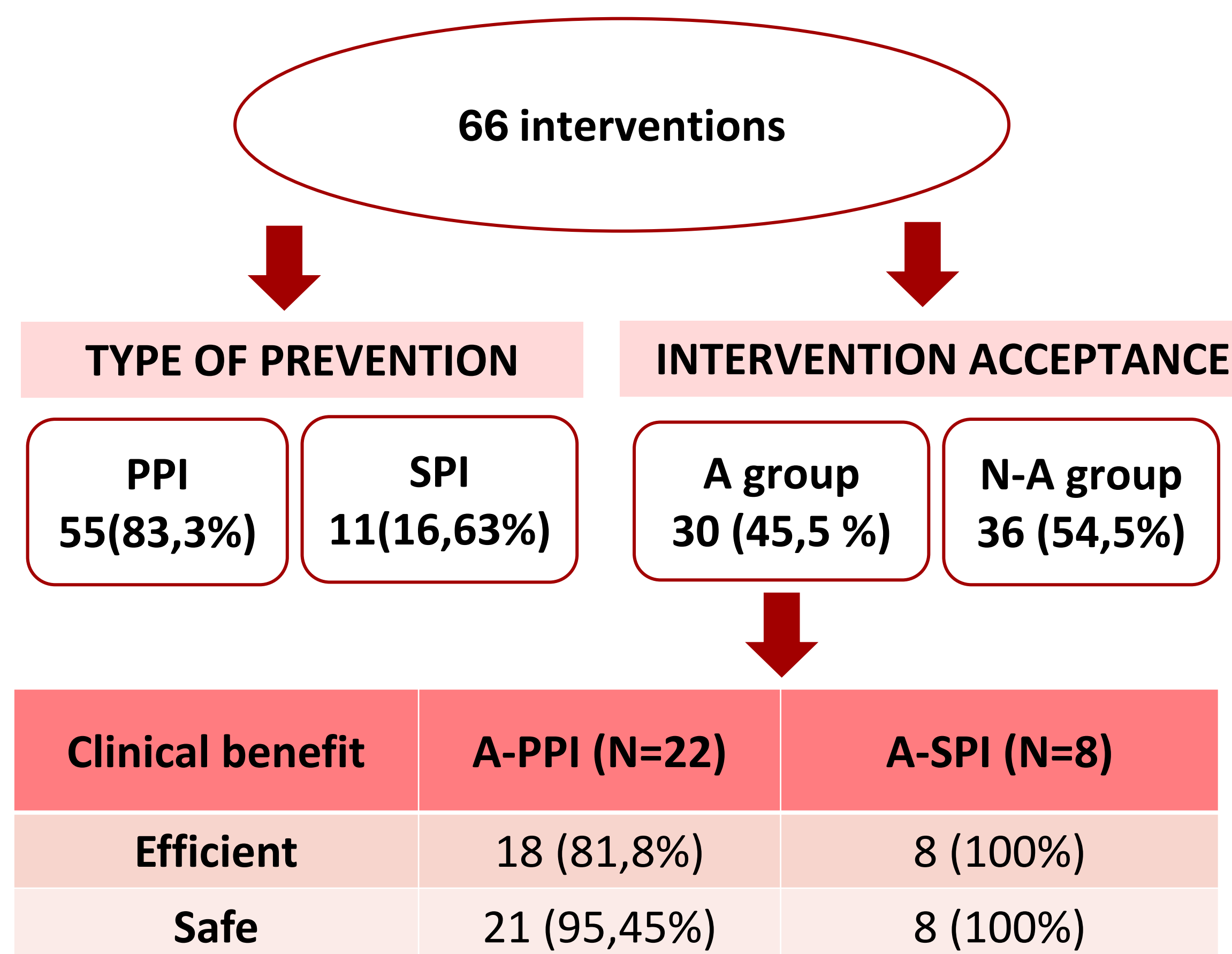


Recommendations for patients with inadequate medication were made between **February-May 2024**

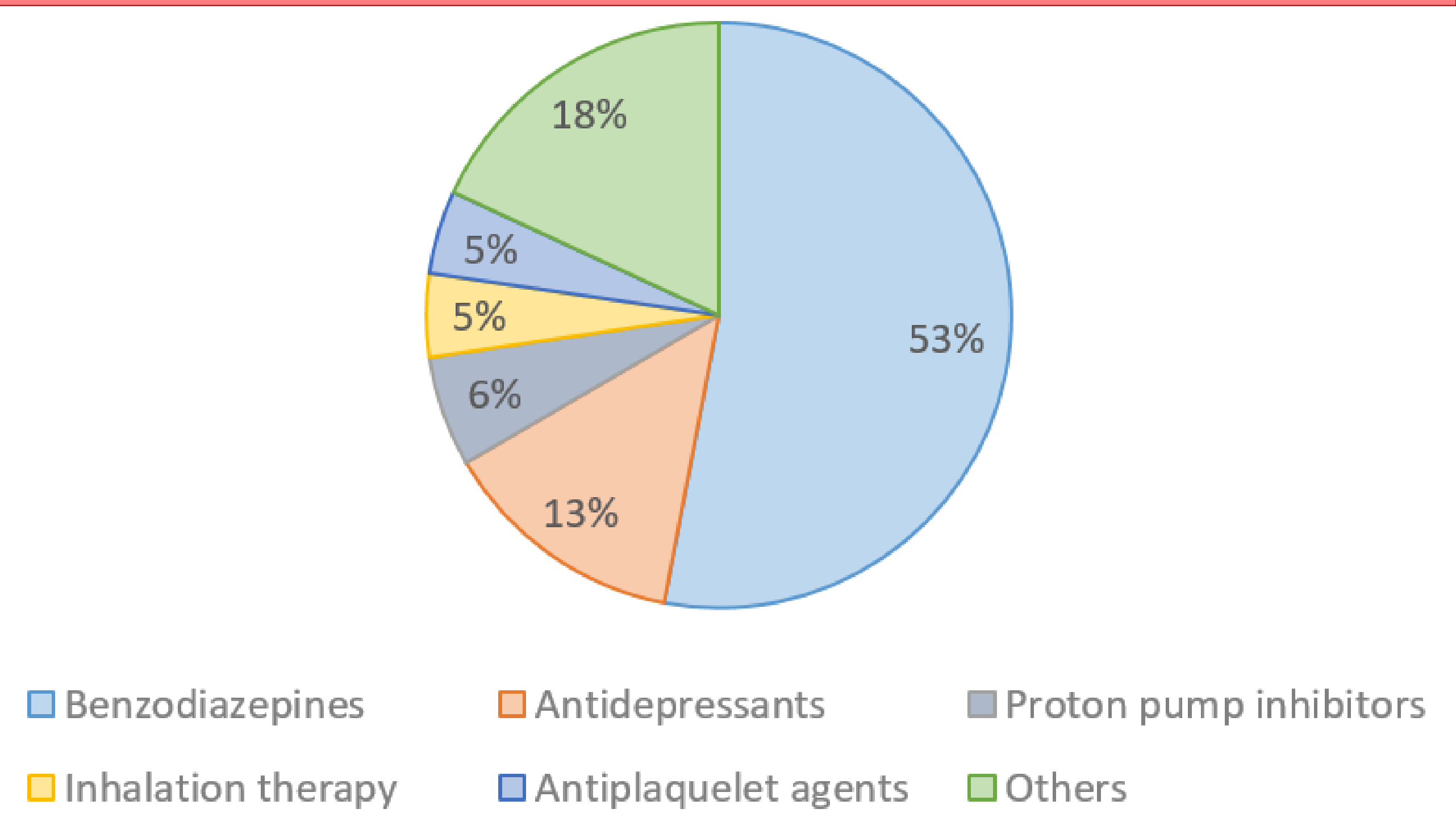


## RESULTS

- 60 patients
- 61,6% women
- 85,7 (5,75) years
- 11,3 (7) drugs/patient
- Baseline characteristics were balanced



### MAIN INTERVENED DRUGS



### REASONS FOR INADECUACY

<b>Inappropriate drug</b>	65,20%
<b>Adverse effect</b>	13,50%
<b>Better alternative available</b>	10,60%
<b>Inappropriate dose</b>	6,10%
<b>Additional treatment required</b>	4,60%

Intervention acceptance	Medical reconsultation		DRP-resolution
	For any reason	DRP-related	
<b>Acceptance group (N=30)</b>	70.37%	7.4%	<b>100% (8/8)</b>
<b>Non-acceptance group (N=36)</b>	72.73%	<b>21.21%</b>	0% (0/3)

## CONCLUSION AND RELEVANCE

- The interventions performed were mostly effective and safe.
- DRP-reconsultations were lower in the intervention-accepted group.
- DRP-Resolutions were 100% in the intervention-accepted group.
- Although a longer follow-up time would be necessary to confirm a clinical impact.
- The acceptance rate should be improved by involving primary care physicians.



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