

MEDICINAL TREATMENT OPTIMISATION OF RESIDENTS OF ESTABLISHMENTS FOR ELDERLY DEPENDENT PERSONS: FIRST RESULTS OF A PROGRAMME IMPLEMENTED IN A **GERONTOLOGICAL SECTOR**



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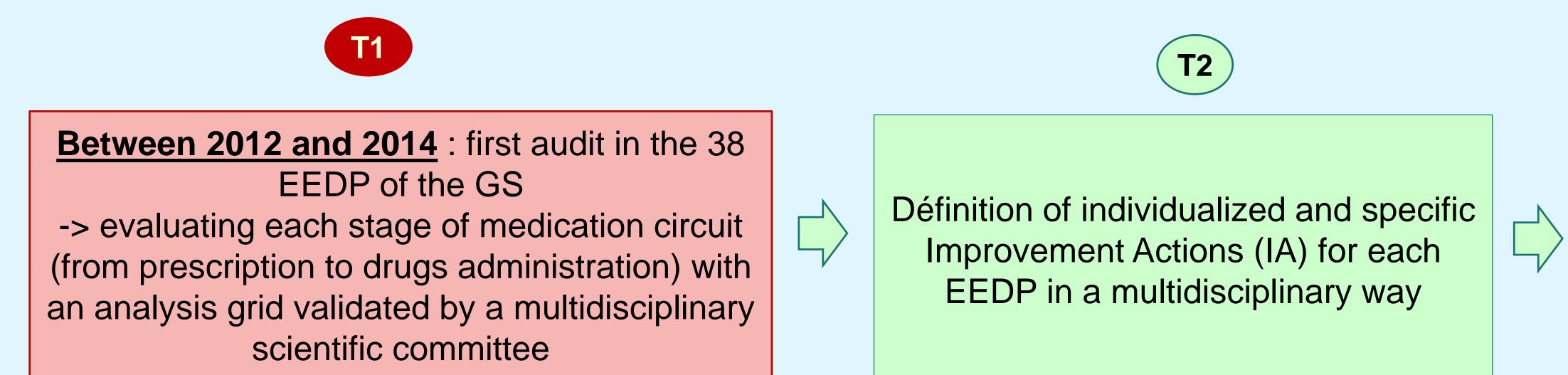
OBJECTIVES

A medicinal treatment optimization (MTO) program has been implemented since 2012 on a Gerontological Sector (GS) of our territory.

The purpose of this study was to measure the degree of involvement of Establishments for Elderly Dependent Persons (EEDP) to this program.

METHODS





Since 2015 : second audit for each EEDP -> evaluating each stage of medication circuit, with same analysis criteria than first audit

We presents here first comparison results (only from EEDP that benefited of this second audit) : \succ on the one hand, we measure the rate of implementation of IA in every EEDP

> and on the other hand we compare specific prescription indicators before and after implementation of these IA.

RESULTS

n = 23 EEDP (23/38 = 60%)	IA defined after the first audit	IA implemented partially or totally after the second audit	IA implemented totally after the second audit
Total of IA	331	247	202
Average	14,4	10,7	8,8
<i>(min- max)</i>	(10 – 22)	(7-18)	(4-18)
Ratio*		74,6%	61,0%
(min-max)		(46,7% - 100%)	(28,6% - 83,3%)

*number of IA implemented compared to number of IA defined after the first audit

Prescription's indicators :

n = 690 résidents - 21 EEDP	1 ^{er} tour	2è tour
Average number of long-term medications per prescription	7,2	5,5

Rate of patient records for which a recent renal clearance (less than one year) was found in the record





DISCUSSIONS / CONCLUSIONS

The impact of our MTO program appears to be positive, although these results have to be confirmed in other EEDP of the GS.

One of the often-proposed IA for improve drug prescriptions in elderly was the implementation of multidisciplinary proofreading sessions of prescriptions within EEDP, with participation of general practitioners. In the end, we observed a decrease of 2 drugs per prescription, and an increase of 20% of renal clearance measure.

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