4CPS-239

PHARMACY-LED MEDICATION RECONCILIATION TO OPTIMIZE LEVODOPA MANAGEMENT AND MINIMIZE CONTRAINDICATED DRUG USE IN HOSPITALIZED PARKINSON'S DISEASE PATIENTS: A QUASI-EXPERIMENTAL STUDY

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BACKGROUND AND IMPORTANCE

- Patients with Parkinson's disease (PD) require their usual medication routine instead of standard hospital rounds.
- Avoiding contraindicated drugs and ensuring proper medication timing are crucial to prevent complications.
- Targeted pharmaceutical care mitigates risks and improves outcomes.

AIM AND OBJECTIVE

Evaluate the impact of pharmacy-led medication reconciliation on:

- Levodopa timing
- Prescription and administration of contraindicated drugs

MATERIALS AND METHODS

- **Quasiexperimental pre-post study (2023 vs 2024)**
- **Duration: June-August 2024**
- **Tertiary hospital**
- **Target:** newly admitted PD patients

Intervention

<u>Pharmacy-led medication reconciliation within 48 hours</u>

- Adjusting levodopa timing
- Preventing contraindicated drug use
- Manually adding contraindicated drug alerts

VARIABLES (at reconciliation and throughout the hospital stay)

Levodopa timing adherence
Established alerts for contraindicated drugs
Contraindicated drug administration
Contraindicated drug prescription

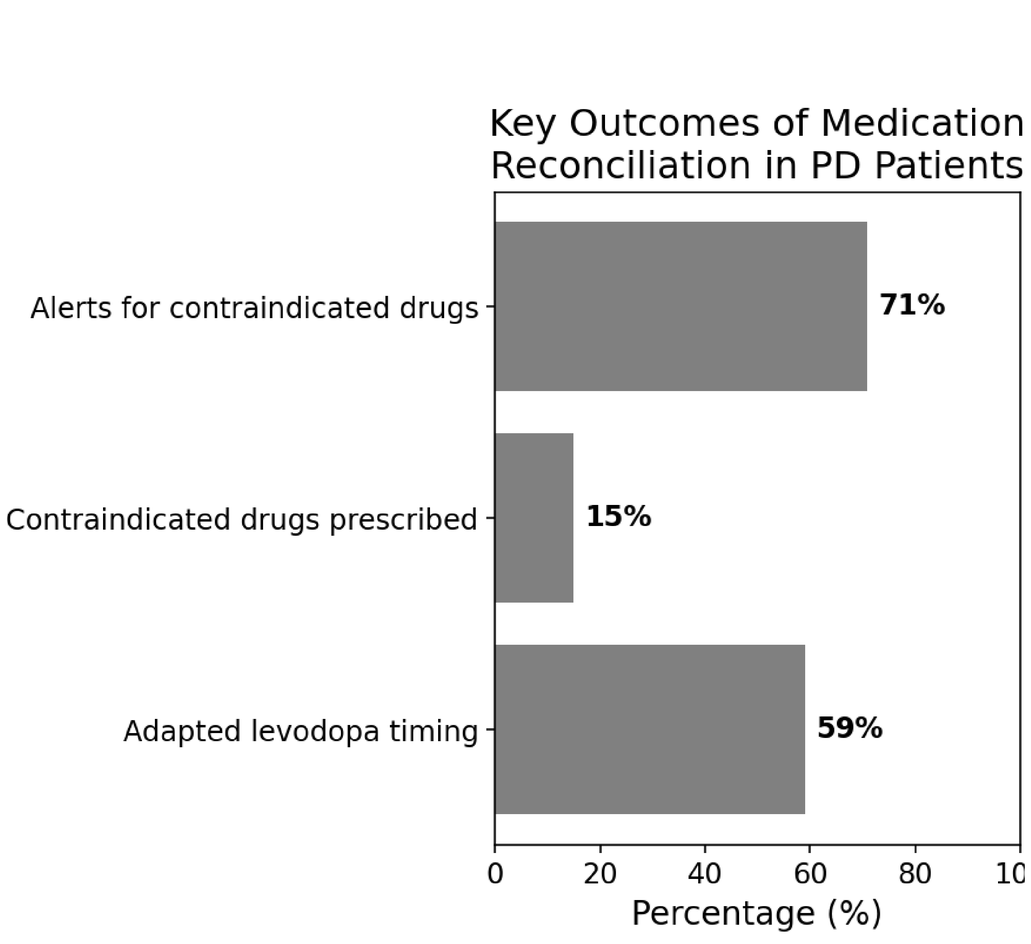
Data Analysis:

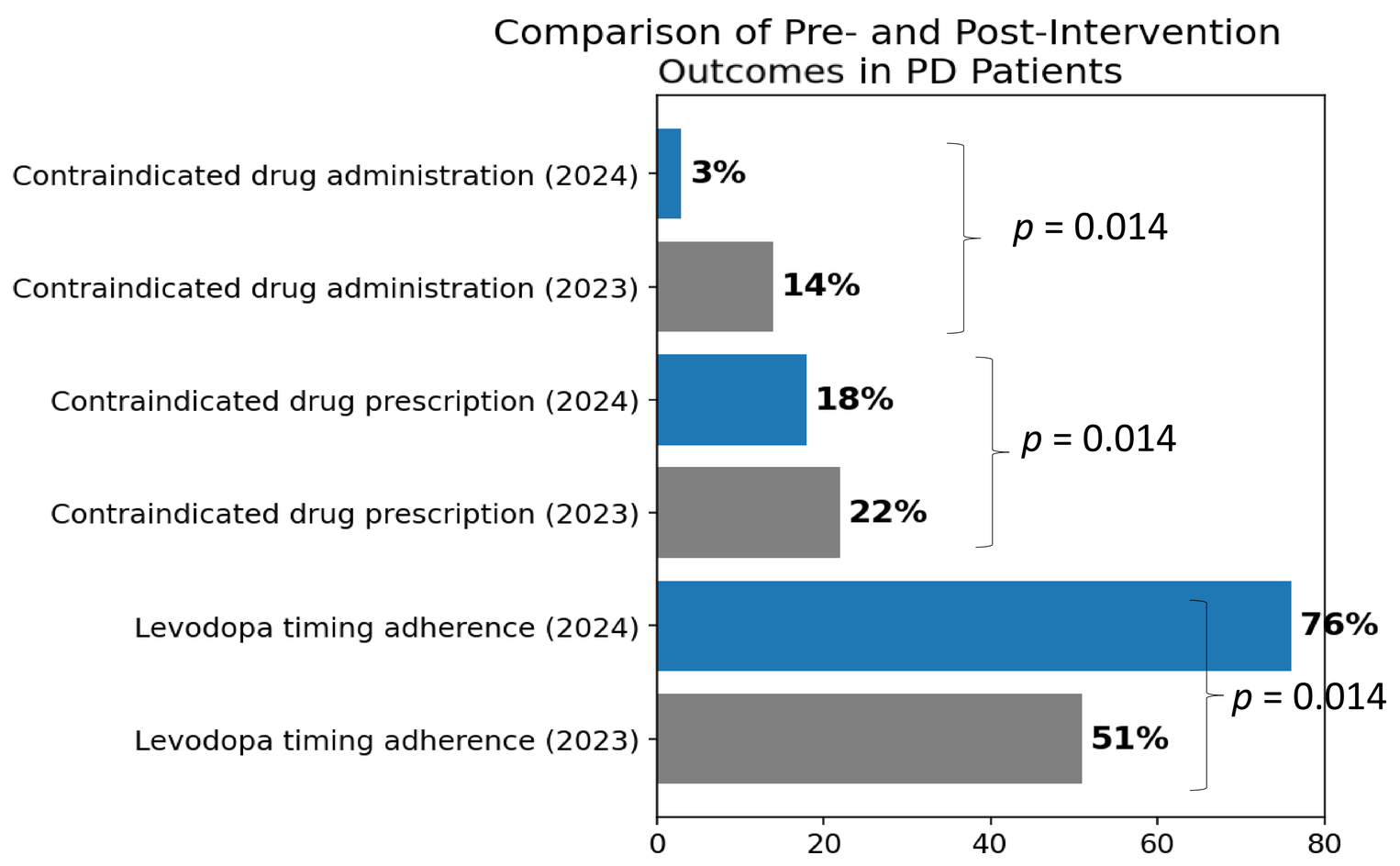
- Descriptive outcomes
- Pre-post statistical evaluation using Pearson's chi-square test

RESULTS

Intervention Group (n=34); Control group from 2023 (n=34)

	Mean	Median	Interquartile range
Time from admission to reconciliation (hours)	15.27	10.36	18.27





CONCLUSION AND RELEVANCE

Early pharmaceutical reconciliation in PD patients:

- Optimizes medication management
- Reduces medication errors
- Improves patient safety.

Future research should assess impact on:

- Hospital length of stay
- Overall patient safety

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