

RECONCILIATION OF EYE DROPS FOR GLAUCOMA IN THE EMERGENCY DEPARTMENT

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Background and importance:

The recognition of glaucoma as a relevant medical problem on admission to the emergency department (ED) is variable. Most ophthalmic treatments are absorbed into the systemic circulation and their discontinuation may worsen this condition. For eye drops adjustment, the patient's clinical situation and concomitant medications must be taken into account.

Aim and objectives:

To analyze the reconciliation of treatment for glaucoma at admission and to optimize the process.



Materials and methods:

Interventional study that included patients diagnosed with glaucoma under treatment with eye drops who were admitted to the emergency observation ward during the pharmaceutical presence period.

Collected data: demographic variables, drug, glaucoma diagnostic record in patient's admission history and ophthalmic treatment reconciliation.

Discrepancies between hospital and home prescriptions were classified as:

- Justified (at the discretion of a physician) or
 - Reconciliation errors (RE) if they resulted in a prescription modification after pharmacist's intervention.
- The extent of pharmaceutical medication revision within 24 hours of admission to the ED was measured.



Results:

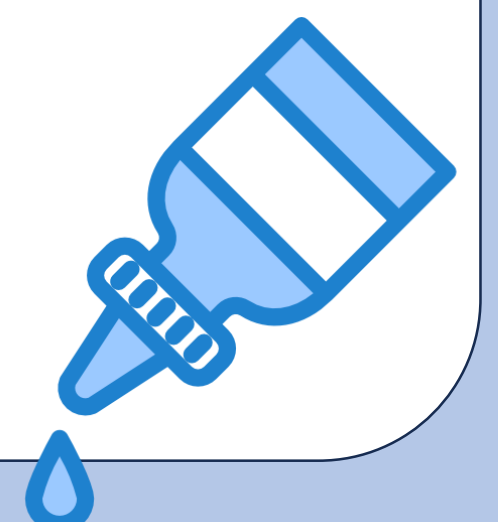
A total of 49 eye drops prescriptions corresponding to 34 patients (50% men) with a median age of 79 (53-95) years were revised.

55% hospital prescriptions didn't require clarification, 10% justified discrepancies and 35% RE:

- 94% omissions and
- 6% inappropriate prescription

Most frequently prescribed drugs were:

brinzolamide (27%)	brinzolamide-timolol (4%)
bimatoprost (16%)	carteolol (4%)
latanoprost (16%)	timolol (4%)
dorzolamide-timolol (8%)	travoprost (4%)



There wasn't glaucoma diagnostic record in the admission history of 35% patients. In 7 of them, eye drops omissions were detected, which resulted in RE in all cases.

82% patients were revised by pharmacists within 24h after hospitalisation. The others were admitted on Saturday or remained previously more than 24h in other ED subunits without a pharmacist.

Conclusion and relevance:

In the ED there is room for improvement in the reconciliation of eye drops for glaucoma and in its consideration as a relevant medical problem that requires correct anamnesis and pharmacotherapeutic follow-up. Pharmaceutical presence improves ophthalmic treatment reconciliation and provided healthcare.



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