

ANALYSIS OF THE USE OF MEDICATION NOT INCLUDED IN THE PHARMACOTHERAPEUTIC GUIDE OF A TERTIARY HOSPITAL

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Background and importance: **Interdisciplinary collaboration**, particularly involving pharmacists in medication reconciliation, **can prevent errors**. Medication discrepancies at care transitions are common and linked to adverse events that's why addressing communication barriers before errors happen is crucial.

Aim and objectives: This study aims to analyze the prescription of **medication not included in the hospital's pharmacotherapeutic guide (MNIG)** and the **pharmaceutical interventions (PI)** performed. Additionally, this research evaluates the effectiveness of a **quality indicator** aimed at reducing MNIG prescriptions in the cardiology service through PI.

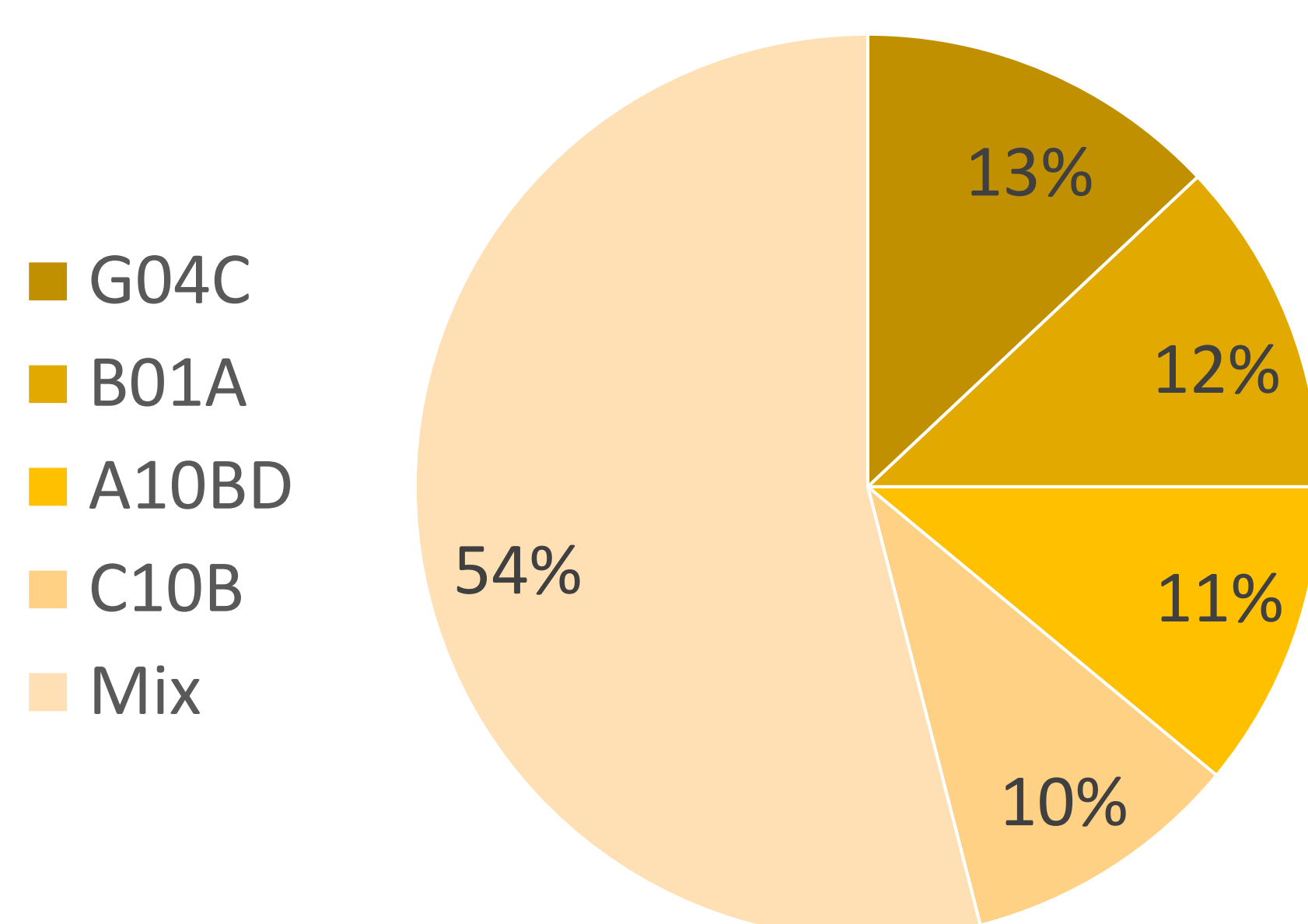
Materials and methods: A **prospective** study was conducted from April 20th to August 31st, 2023, utilizing the Farmatools® program to assess the following **variables**:

- The **percentage of MNIG** prescriptions, categorized by therapeutic group (TG) based on ATC codes.
- The **cause of MNIG prescriptions**, including reconciliation and new treatment.
- Number of **substitutions** in the therapeutic exchange program (TEP) resulting from PI, including the percentage of MNIG replaced by therapeutic equivalents (TE), discontinued, not substitutable, and included in the hospital guideline (HPG)

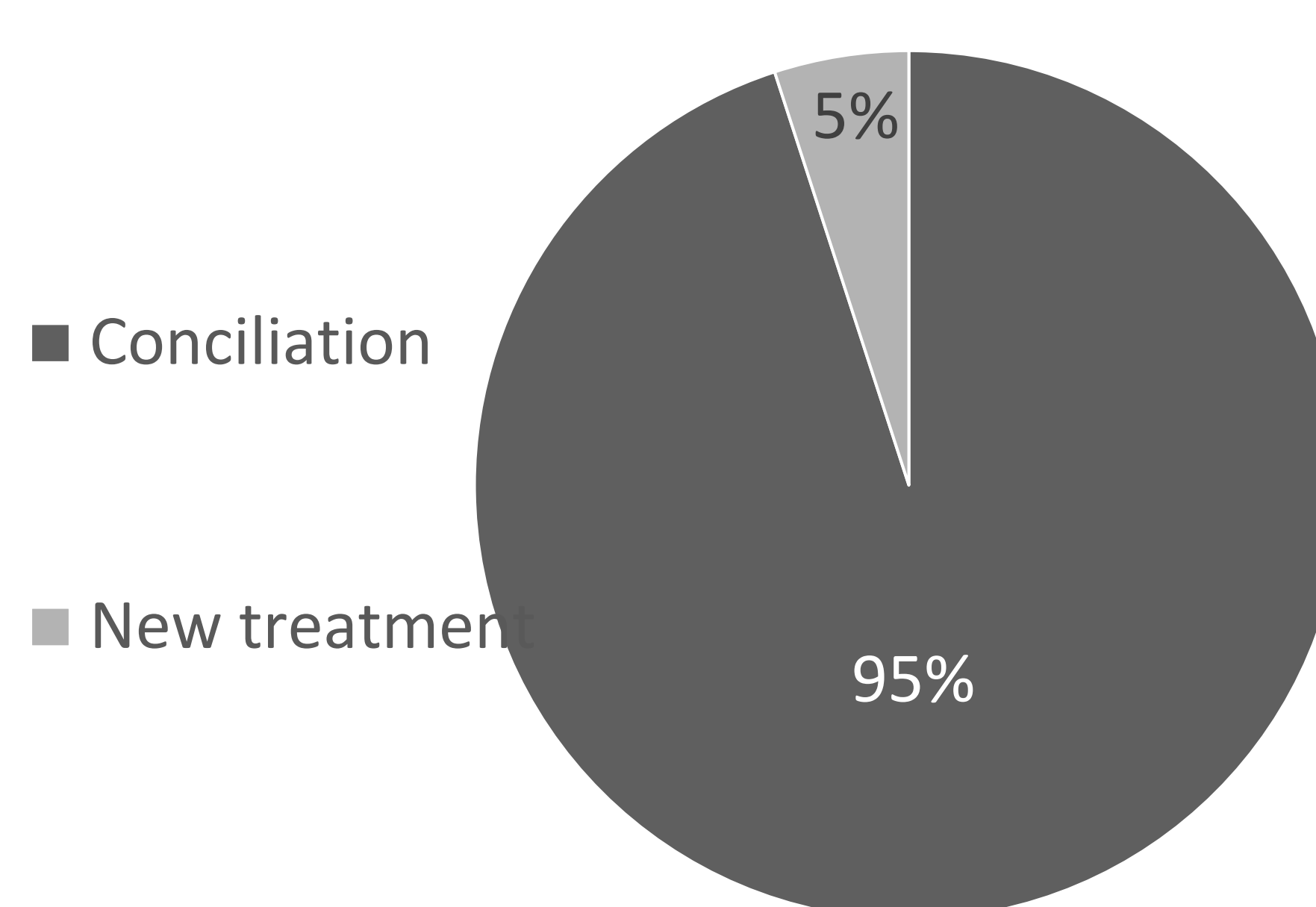
Results

Percentage of MNIG

Total MNIG: 322



Cause of prescription



Nº Substitutions

MNIG with Therapeutic equivalent	53,4%
MNIG substituted	18%
Provided by the patient	28,6%
MNIG not substitutable	26,4%
MNIG included in HPG	11,8%
Discontinued as is indicated in the TEP	9%

The prescription of MNIG is variable during the months studied, with a median of 4%, maximum of 7.5% and minimum of 2%, with concerning the total number of prescriptions, without a linear trend.

Conclusions: The **multidisciplinary team** responsible for the patient should be involved in the reduction of MNIG to **avoid medication errors**, through the use of HPG and TEP.

Regarding the **analysis of the indicator**, we consider it important to perform PI to raise awareness among physicians of the correct use of MNIG, although we cannot confirm that the punctual decreases in prescriptions are due to the PI performed. In addition, the pharmacy service should review the HPG and TEP to include the necessary drugs and to disseminate the PET among health professionals.

