

PHARMACEUTICAL INTERVENTIONS FOR MEDICATION RECONCILIATION IN COMPLEX CHRONICALLY ILL PATIENTS

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BACKGROUND AND IMPORTANCE



Elderly patients who receive chronic medication have a **high risk of** suffering from **medication discrepancies and adverse drug events**. The role of **pharmacists** is vital to **avoid these medication errors**.

AIM AND OBJECTIVES



To analyze the **pharmaceutical interventions (PIs)** of medication reconciliation in hospitalized **multipathological** patients over 65 years of age and to evaluate the **degree of acceptance** by the physicians.

MATERIAL AND METHODS



A prospective observational study. Period: March 1 and April 15, 2023.



PIs were analyzed on therapeutic conciliation performed in multipathological

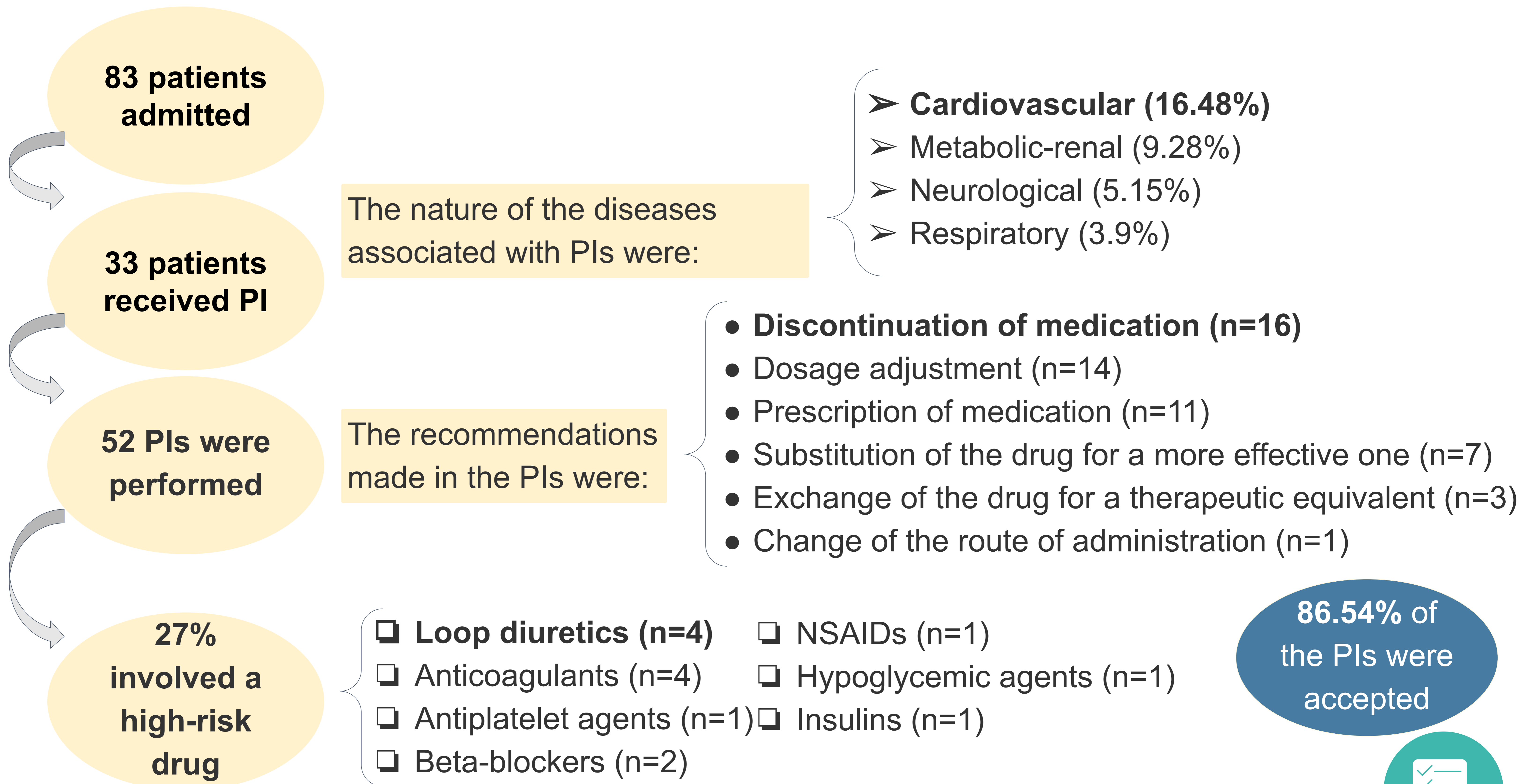


The degree of acceptance of the PIs was measured and PIs were identified according to the MARC list.

The following variables were collected:

- ❖ Patients admitted to the ward
- ❖ Patients on whom PIs were performed
- ❖ Pathologies involved
- ❖ Number and type of PIs identified

RESULTS



CONCLUSION AND RELEVANCE

- Most of the **PIs** were related to the **addition or discontinuation of a drug**, as well as to the dose adjustment of a drug.
- The **degree of acceptance** of the PIs was **very high**, which reinforces the role of the pharmacist within a multidisciplinary team.

