

INTEGRATION OF A PHARMACIST INTO A GERIATRIC DEPARTMENT

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BACKGROUND AND IMPORTANCE

Elderly chronic patients are usually pluripathological and polymedicated. The review of their pharmacological treatment and their interactions, deprescribing and managing medications provides safety and improves their quality of life.

AIM AND OBJECTIVES

To create a healthcare resource between the services of Geriatrics and Hospital Pharmacy which facilitates the clinical management of arranged patients in an outpatient geriatric clinic for a medical consultation.

MATERIALS AND METHODS

Prospective study of patients arranged for a geriatric consultation for the first visit between May 2021 and August 2021.

It was evaluated:

- Pharmacotherapy
- Adherence to medical treatment
- Medical history
- Final analysis and last hospital admission.

There was a month follow-up to see if there were medical consultations due to the aforementioned proposals.

RESULTS

- 33 patients included
- 64% women, mean age 86 (SD=4.4)
- 113 interventions carried-out

65% of interventions were accepted



CONCLUSION AND RELEVANCE

The introduction a hospital pharmacist in a multidisciplinary approach of elderly, fragile patients enables an optimization of their pharmacotherapy and therefore an effective detection of medical problems. This involves an improvement of their quality of life.

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