


<http://www.eahp.eu/2-4CPS-172>


Parkinson's disease (PD) is a long-term neurodegenerative disorder, whose onset appears usually after 60 years old. Patients often suffer from co-morbidities and have a complex medication regimen. Thus, iatrogenic risk is very high in these patients. In France, there are 25 expert tertiary centres for PD but no data about medication reconciliation (MR) for the patients hospitalised in these centres are currently available.

The objectives of this study were:

- **To implement** the MR process at admission in an expert center for PD
- **To assess** its impact on the PD population in terms of :
 - **Type** and **Rate** of unintended discrepancies
 - **Type** of implicated drugs
 - **Potential severity of the consequences of unintentional medication discrepancies (UMD)**

Prospective study carried out from January 2017 to June 2018

Inclusion :

- Patients hospitalized in tertiary unit specialized in neurology – movement disorders
- > 65 y.o
- Living at home

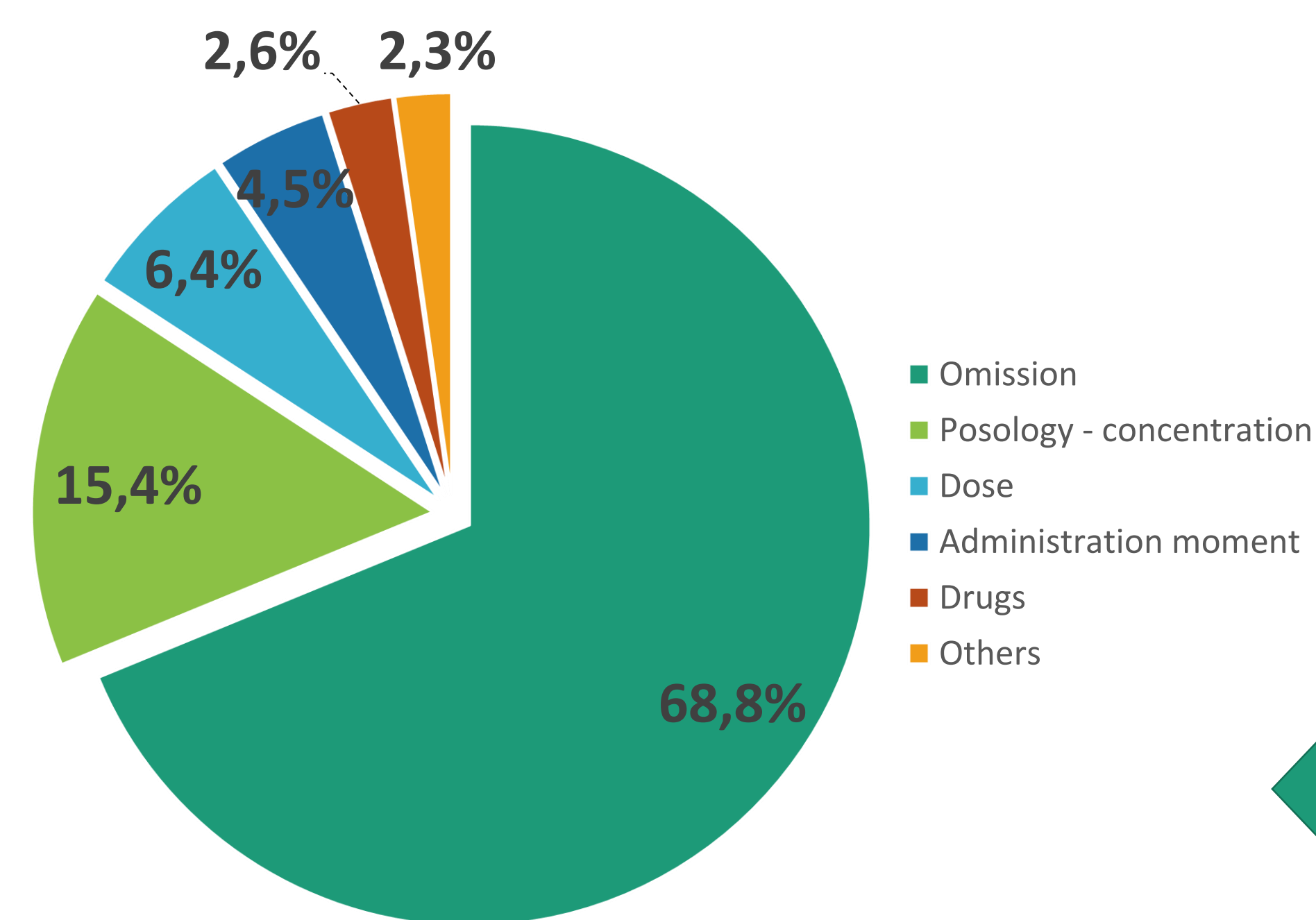
MR at admission :

Retrospective process

Analysis of data set :

- Characterisation of UMD
- Number of patients with at least one UMD
- Assessment of potential severity of consequences of UMD

- The evaluation of potential clinical impact of UMD was carried out by 2 independent experts (a **geriatrician** and a **clinical pharmacist**) according to the classification described by *Dufay et al., 2015*. Disagreements were resolved by discussion, and consensus was reached for all discrepancies.
- Was estimated 1/ for the length of the hospitalisation, and 2/considering UMD unsolved 6 months after discharge



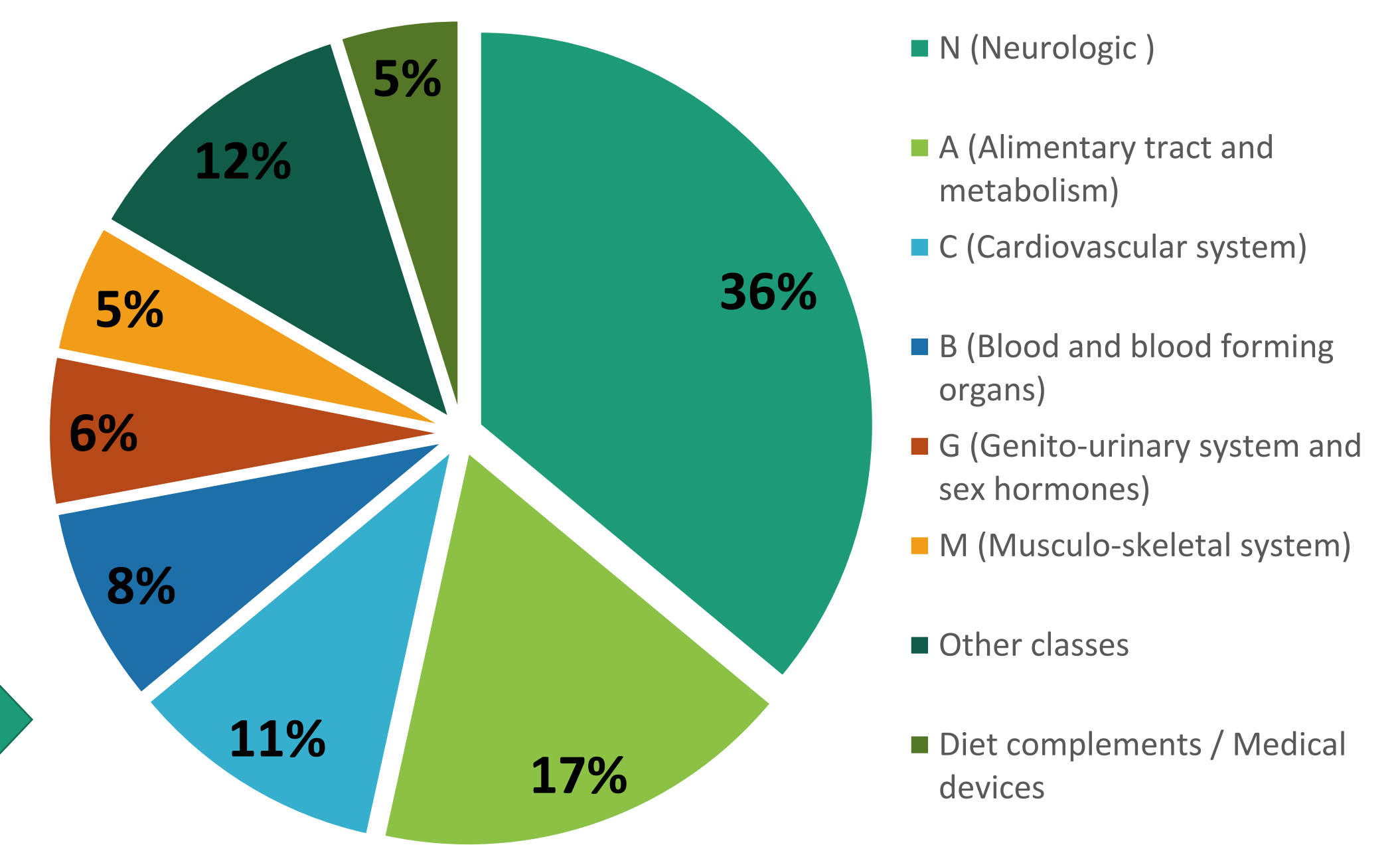
UNINTENDED DISCREPANCIES (TYPE)

Common data :

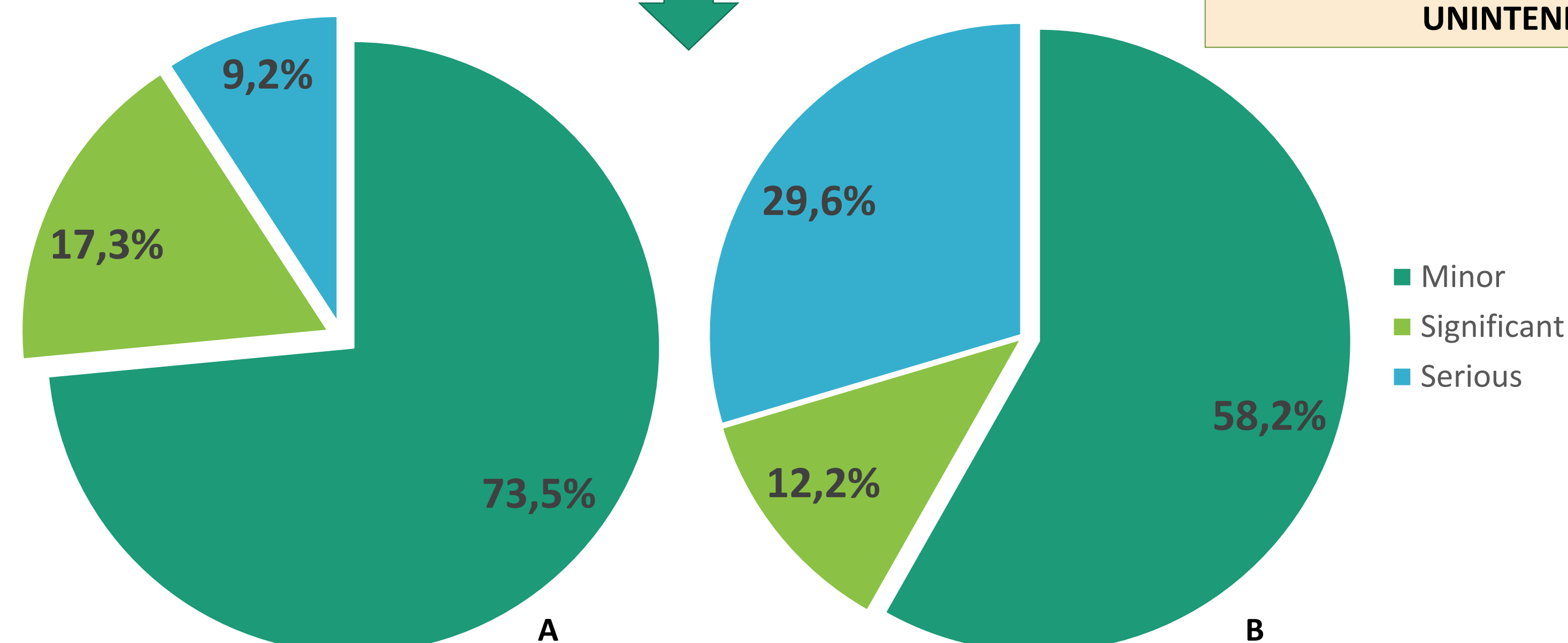
n = 266 patients
 Age = 72,2 +/- 5,4 years old
 Sex ratio (H/F) = 59,4 % / 40,6 %
 Length of hospital stay = 7,4 +/- 4,9 days
 8,1 +/- 2,9 drugs/patient

282 UMDs identified
114 patient had at least one UMD (43%)
 2,5 UMDs/patient
 Solved UMDs : 76,0 %

34 % OF NEUROLOGIC DRUGS
8 % OF ANTIPARKINSONIAN DRUGS



UNINTENDED DISCREPANCIES (ATC CLASS)



POTENTIAL SEVERITY OF CONSEQUENCES OF MEDICATION ERRORS (A) DURING THE HOSPITALISATION, AND (B) CONSIDERING UMD UNCORRECTED 6 MONTHS AFTER DISCHARGE.

NO CRITICAL OR CATASTROPHIC POTENTIAL SEVERITY.

The relevance of MR at admission in an expert center for PD was confirmed by :

- Similar rates of UMD compared to other studies.
- A high rate of acceptance about pharmaceutical intervention.

Interestingly,

A high rate of UMD occurred for neurologic drugs, which may have affected the neurologic assessment
 A ¼ of UMDs for the hospitalization then ⅓ 6 months after discharge this of UMD could have a significant clinical impact