

ANALYSIS OF INTERVENTIONS IN POLYMEDICATED ELDERLY PATIENTS

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Background

Elderly patients are fragile, pluripatólogica, chronic, and polytechnic populations. These characteristics added to others such as physiological, pharmacokinetic and pharmacodynamic changes, the attention by various specialists and at levels of care, make them a group that requires special control. There are several criteria to improve the prescription quality in this group of patients, among which we find the STOPP / START criteria. The optimization of treatments and their adequacy in this group of patients also contemplates aspects such as deprescription, monitoring, dose adjustments or conciliation.

Purpose

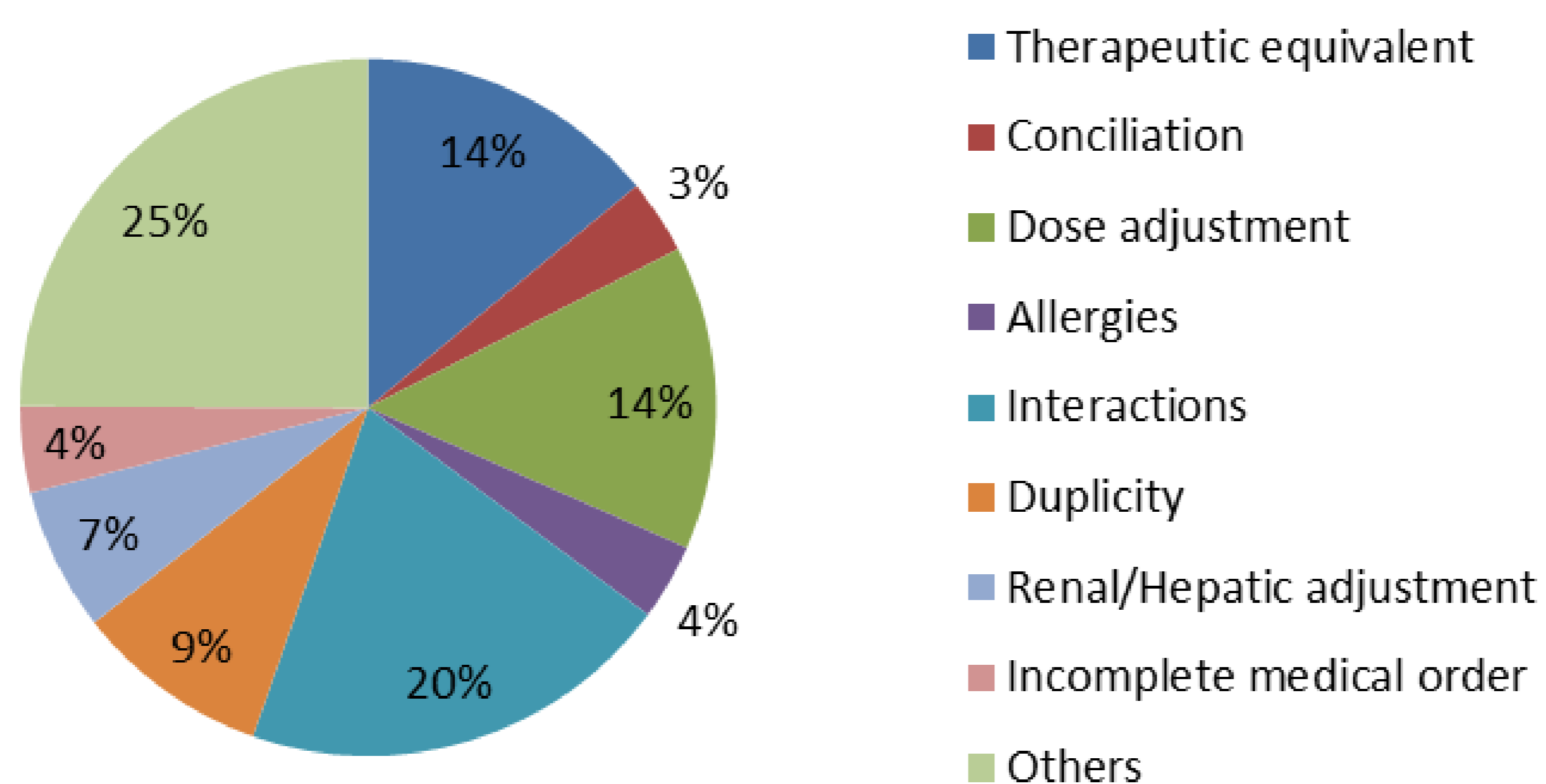
Analysis and determination of the degree of acceptance of pharmaceutical interventions (PI) performed in a third level hospital in elderly patients.



Materials and Methods

Retrospective descriptive study of pharmaceutical interventions performed between January 2016 and August 2017 in patients over 65 years of age. The Farmatool[®] and Medora[®] programs have been used to classify the interventions and check the chronic medication prescribed for Primary Care. The variables recorded were: demographic data of the patient, service involved, drug involved and reason for PI. Interventions were classified as: therapeutic equivalent, conciliation, dose adjustment in elderly patient, allergies, interactions, duplications, pattern changes, adjustment in renal / hepatic insufficiency, conciliation, incomplete medical order and others. In addition, the interventions were analyzed to know how many of them met STOPP / START criteria. Apart from that, the acceptance of the interventions was evaluated.

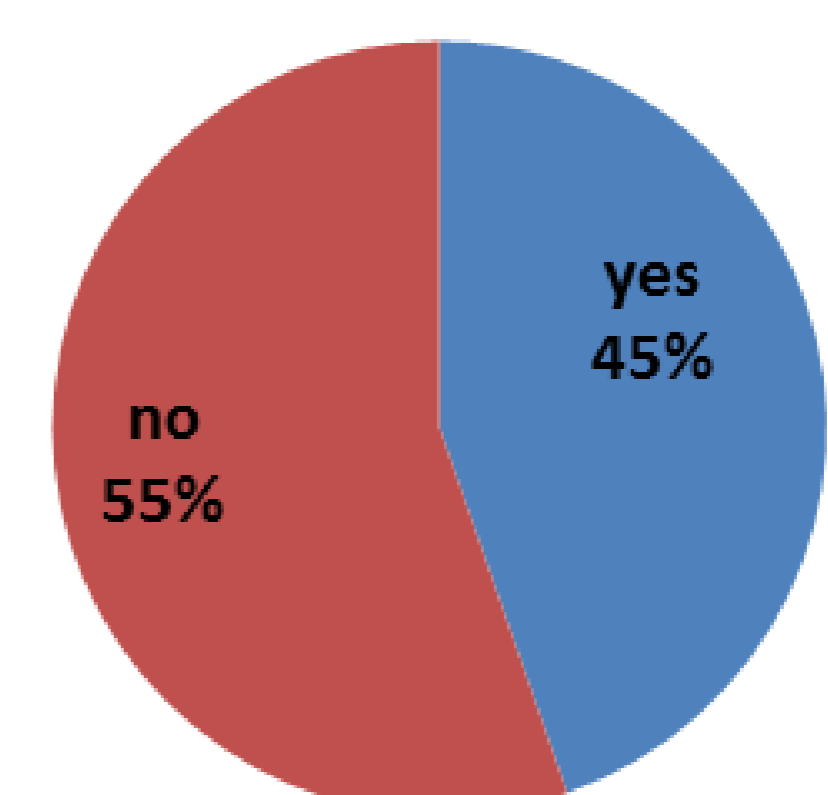
Pharmaceutical interventions



Results

- **1127** pharmaceutical interventions
- Mean age: **79**
- The most interventions: **Internal Medicine Service**
- **STOPP / START criteria pharmaceutical interventions: 497**

Degree of acceptance



Conclusions

There have been a large number of interventions that have helped to avoid medication errors and have increased the quality of care. The participation and intervention of the pharmacist is of great help in the detection and resolution of potential medication errors.