

OPTIMISATION OF PHARMACOTHERAPY IN INSTITUTIONALISED PATIENTS IN A SOCIAL-HEALTH CENTRE

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BACKGROUND

Pharmaceutical care model proposed in Socio-Health Centers(SHC) aims to provide efficient and coordinated pharmaceutical services between different levels of care. The integration of the hospital pharmacist into the multidisciplinary team improves the socio-health care attention in institutionalized elderly patients.

PURPOSE

MATERIALS AND METHODS

Optimize drug therapy of institutionalized patients (residents) in a SHC through Pharmaceutical Intervention(PI).



Prospective and quasi-experimental pilot study without control group, which includes the residents of a SHC.

Exclusion criteria: Patients assigned to Health Centers(HC) and patients without drug treatment. Residents' pharmacotherapy were reviewed with proposals pharmaceutical of treatment modification (PI), evaluation and multidisciplinary consensus.

PI types:

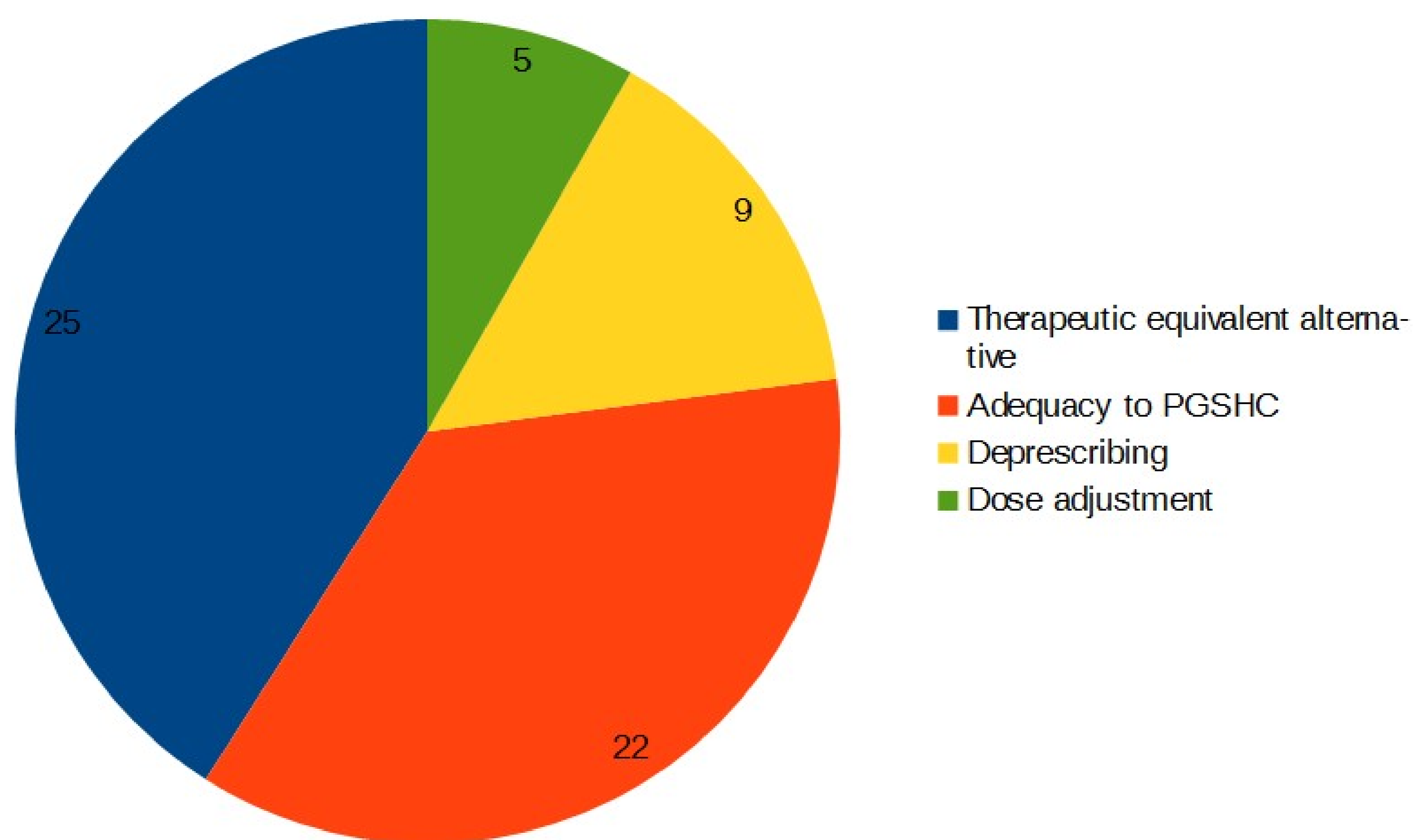
- Adequacy to the Pharmacotherapy Guide of SHC(PGSHC) in a Health Management Area with replacement for Specialties with Better Geriatric Profile(SBGP) and the implementation of Therapeutic Equivalents Program
- Dose adjustment according to recommendations in geriatric patients(chronic kidney disease, psychoactive drugs)
- Deprescribing (duplicates, Non-Elevated Intrinsic Value Drugs(NEIVD), Stopp criteria(safety issues or poor prognosis).
- Suggestions for improvement

RESULTS

Residents number	Excluded	Included	Assisted resident	Valid resident
106	6 (3 assigned to HC and 3 without pharmacological treatment)	97	78,4% (n=76)	21,6% (n= 21)
		79,5 years (range 49-99; SD=10,3)		
		54.6%(n = 53) were men		



Proposals pharmaceutical of treatment modification



Pharmacological profile	n° prescription drugs/chronic patients	Prevalence of polypharmacy (≥5 drugs)
	5.3 (range 1-12, SD: 2.93)	59.8%(n = 58)
Total PI were performed	61	Average PI/resident: 0.6

•Substitution of drugs prescribed by equivalent alternatives of the PGSHC supposes a significant cost saving.

•Improvement proposals: continuous reevaluation of patients, so it is proposed the design and implementation of a Pharmacotherapy Review Program in institutionalized elderly patients with a personalized action plan integrated into the Comprehensive Geriatric Assessment and quantification of the economic impact.

CONCLUSIONS

Institutionalized patients are chronic patients with high complexity, so it is essential to review pharmacotherapeutic through an attention and care multidisciplinary shared.

The incorporation of pharmacist to multidisciplinary team allows optimization of the treatments with a rational use of these.

