

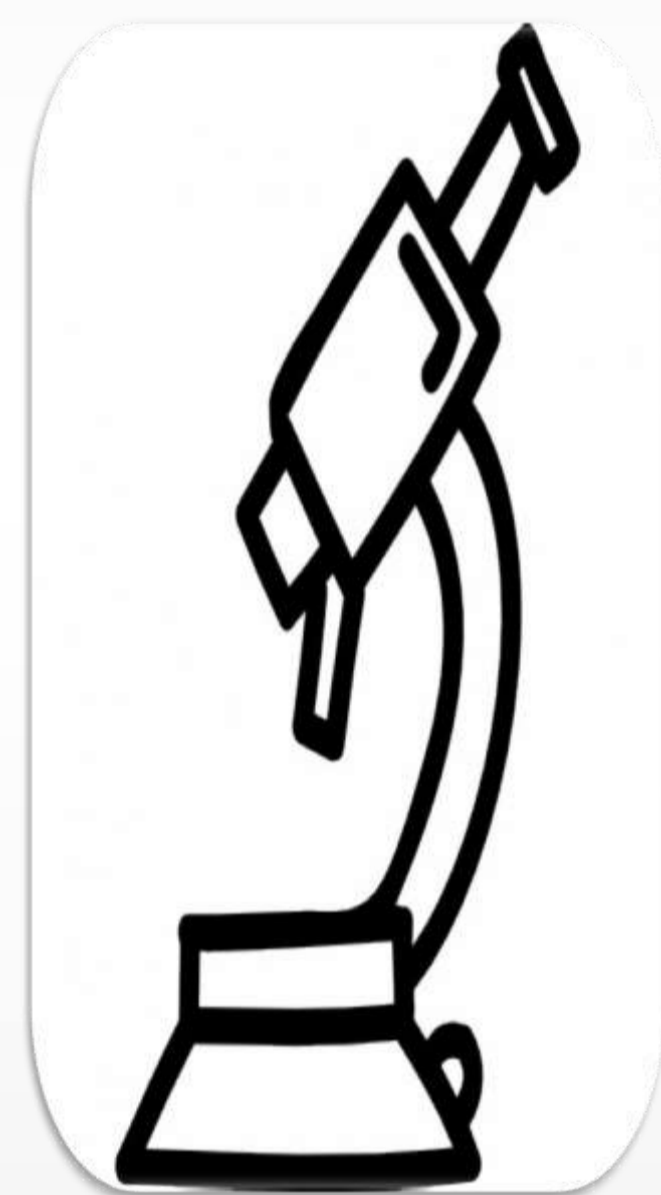
ANALYSIS OF THE METHODOLOGY TO COMMUNICATE POTENCIALLY INAPPROPRIATE PRESCRIPTIONS IN INPATIENTS TO AN INTERNAL MEDICINE SERVICE OF A THIRD LEVEL HOSPITAL.

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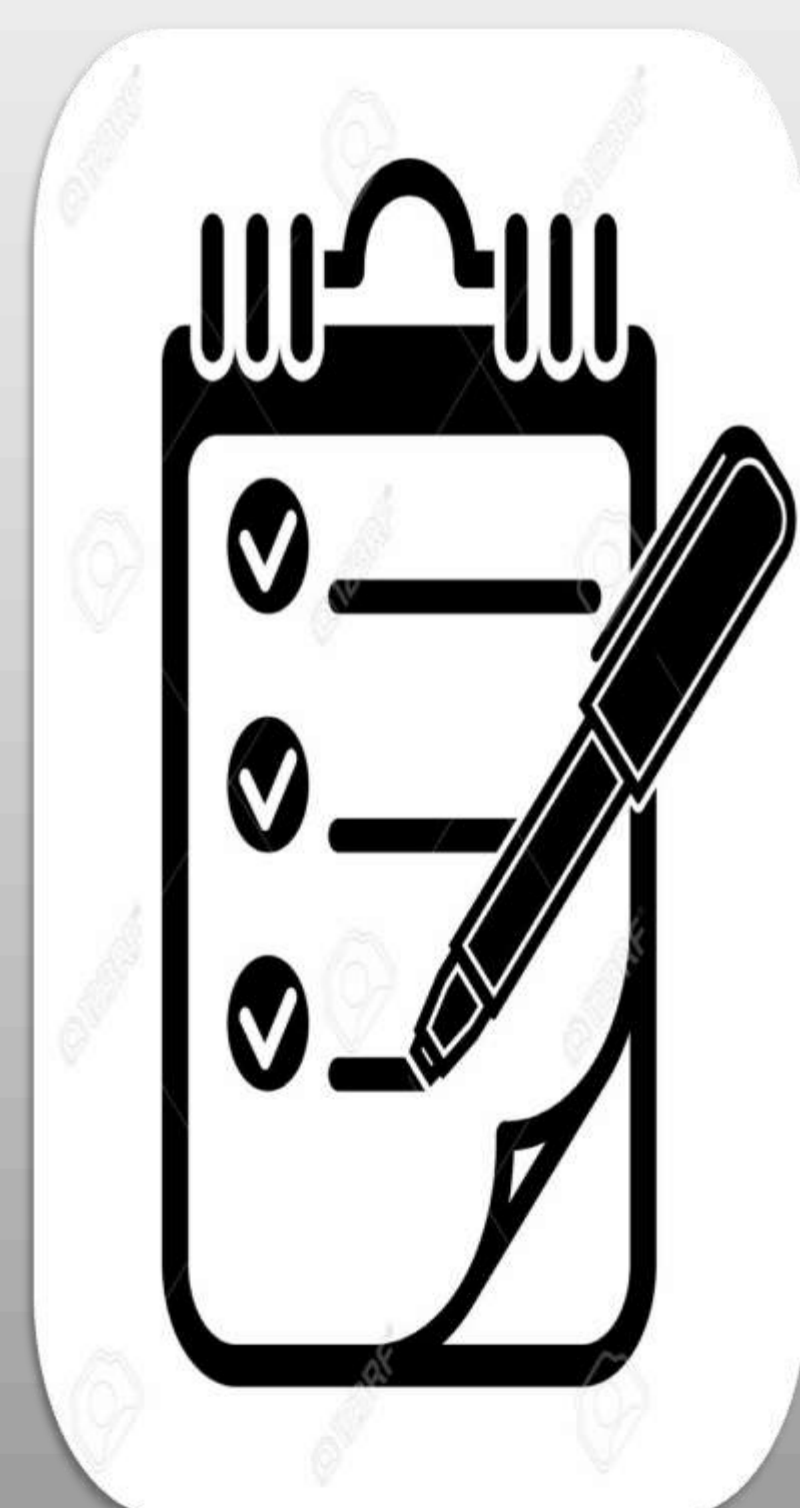
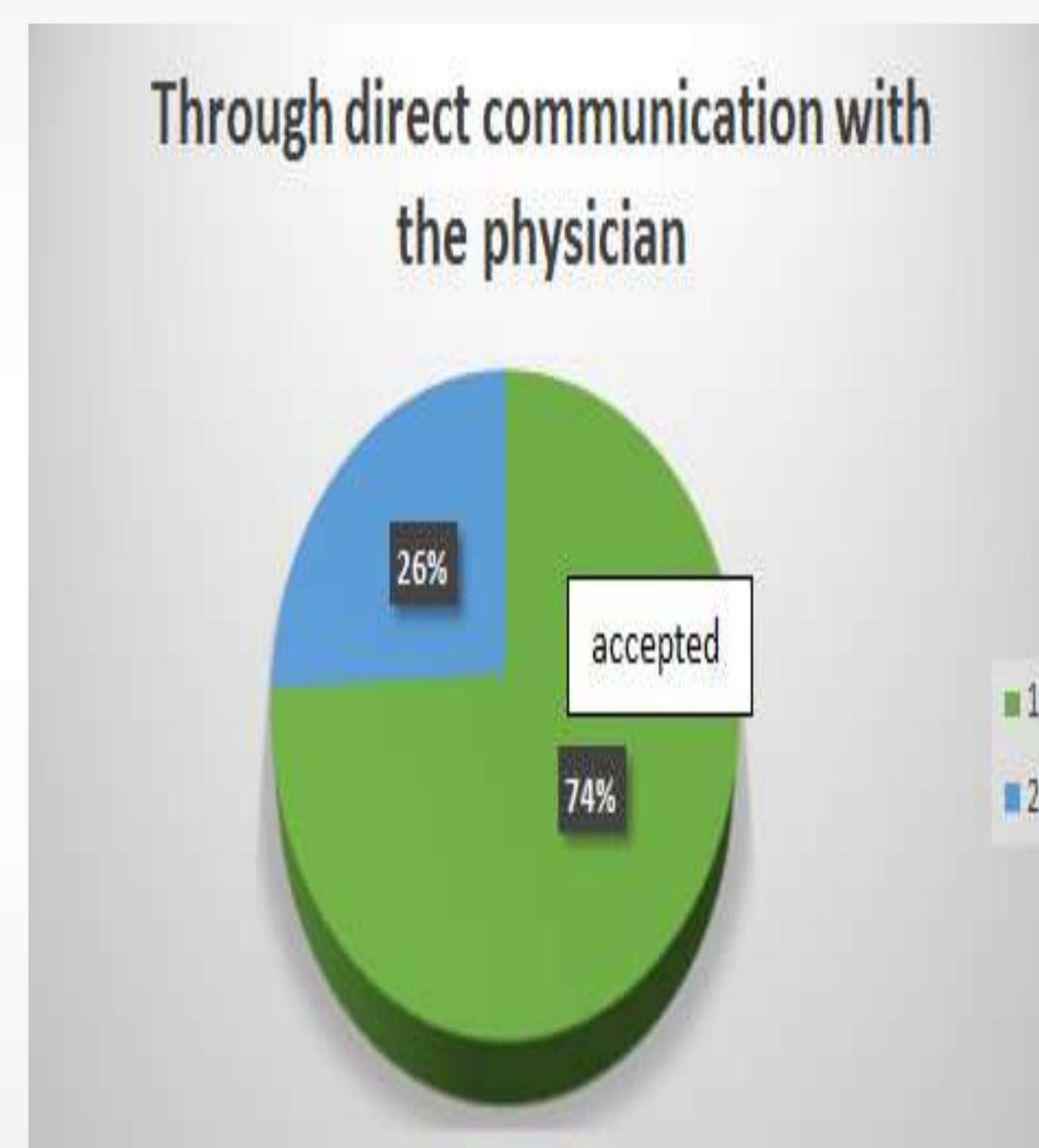


High percentage of inpatients are over 65 years-old. These patients have often multiple pathologies and they are polymedicated. The adequate medication control in these patients makes detection of PIPs crucial to provide an adequate health care. Our objective is to analyze the possible pharmacist-physician communication channels through which to notify the detected PIPs.



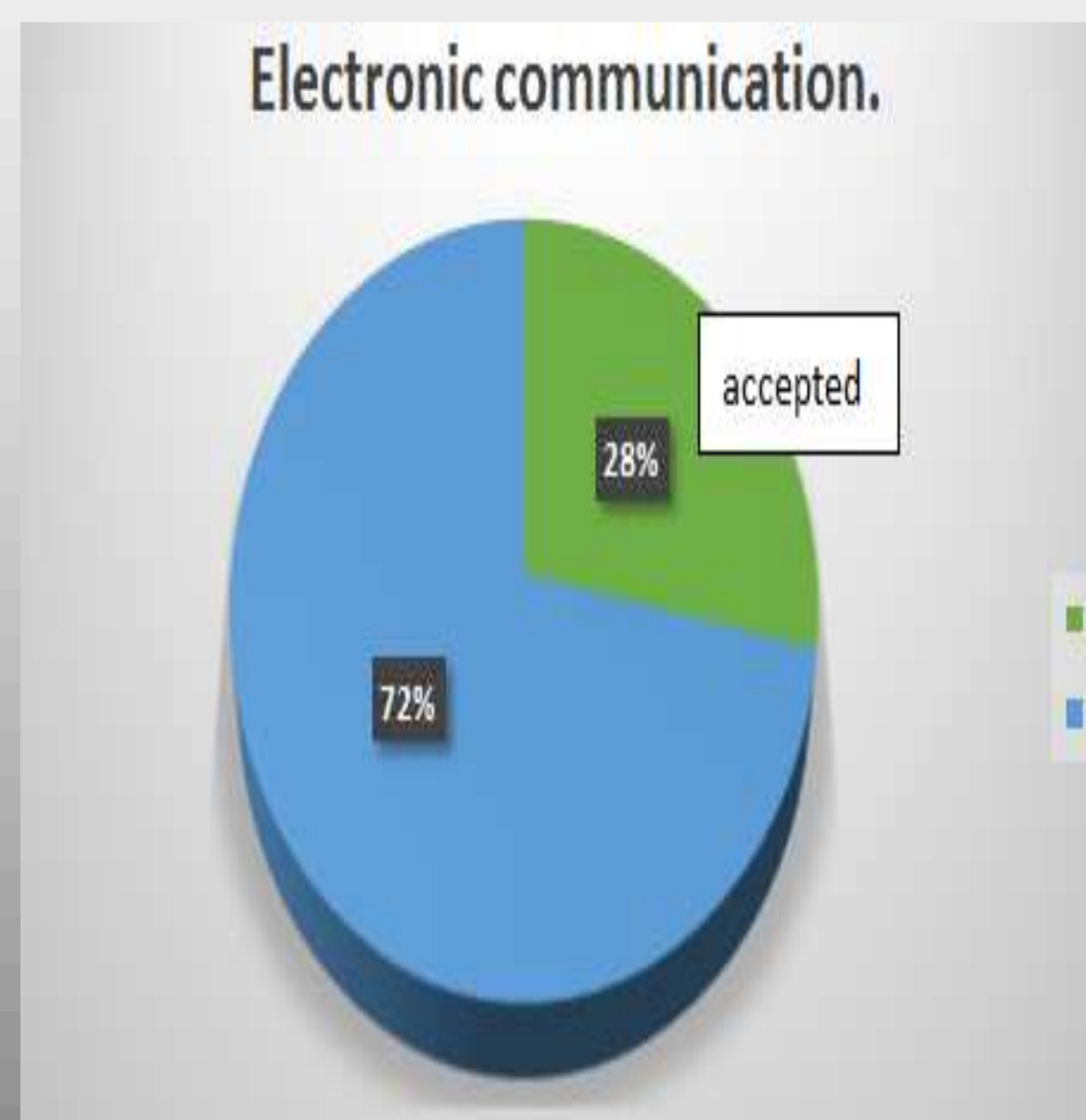
Three months prospective study (February 2018 to April 2018).

- Through direct communication with the physician. N=125
- Electronic communication using the Farmatools® program N=221



125 patients over 65 years of age were studied and pharmacist-physician verbal intervention was performed in 35 of them (28%). The 74.3% (n=26) of them were accepted by the physician.

Through the electronic communication, interventions were performed in 221 patients. 28.8% (n=62) were accepted



Direct pharmacist – physician communication provides a greater degree of interventions acceptance rather than electronic intervention.

Add Clinical pharmacists to clinical services could help to reduce PIPs.



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