

# EVALUATION OF PATIENTS CONSULTING THE EMERGENCY DEPARTMENT FOR BRADYCARDIA RELATED TO MEDICATION

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## Background and importance

Drug-related problems (DRPs) are one of the main causes of assistance to the emergency units (EU), being bradycardia one of their frequent presentations. However, the information related to the frequency of re-visits to the EU depend on treatment changes at discharge is scarce.

## Aim and objectives

- 1) To describe the treatments that cause Emergency Unit (EU) visits for bradycardia.
- 2) To identify the interventions carried out and the re-visits to EU 30 days after discharge.

## Material and methods

A retrospective observational study was carried out including patients attended in the EU of a tertiary hospital for drug-related bradycardia from September 2018 to March 2020.

## Results

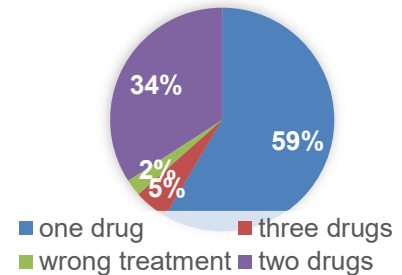
**41 PATIENTS**

### Treatment with negative inotropic drugs

- Age:  $\bar{x}$ =81.2 years (55-96)
- 41.5% had chronic renal failure



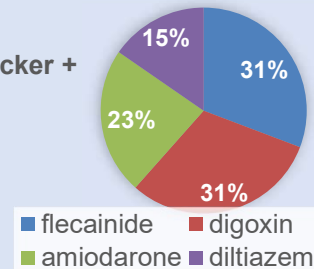
**60 TREATMENTS**



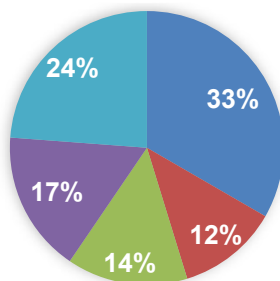
**31,7% Started treatment in the last three months**

single dose 7.3%  
week before 9.8%  
month before 2.4%  
last three months 12.2%

**Beta-blocker +**



## TREATMENT CHANGES



- one drug was suspended
- two were suspended
- drug was changed
- dose was decreased
- treatment was not changed

Pacemakers was placed in 26.8% patients

## RE-VISITS AT 30 DAYS

**29,3% patients**

**10% related to the previous one**

5% atrial fibrillation

2,5% bradycardia

2,5% vasovagal syndrome

treatment had been changed

after pacemaker

## Conclusions

Beta-blocker drugs are the main cause of pharmacological bradycardia, being used in most of the episodes in monotherapy and to treat atrial fibrillation. This group of patients presented a high frequency of revisits at 30 days even after previous intervention, being a potential group that could benefit from pharmacist follow-up after discharge.