

A CROSS-SECTIONAL STUDY ON THE POTENTIALLY INAPPROPRIATE PRESCRIBED AND CONTRAINDICATED HIGH-RISK MEDICATION IN HOSPITALIZED CHRONIC COMPLEX PATIENTS

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Objective

Assess the prevalence of potentially inappropriate prescribed medications (PIPs), High-Alert Medications (HRM) and contraindicated medications (CI) in chronic complex patients (CCP) to whom pharmacist-led in-hospital reconciliation have been performed and to determine the HRM burden consequence of PIPs.



Material and Methods

Cross-sectional study on hospitalized CCP (March - April 2022)

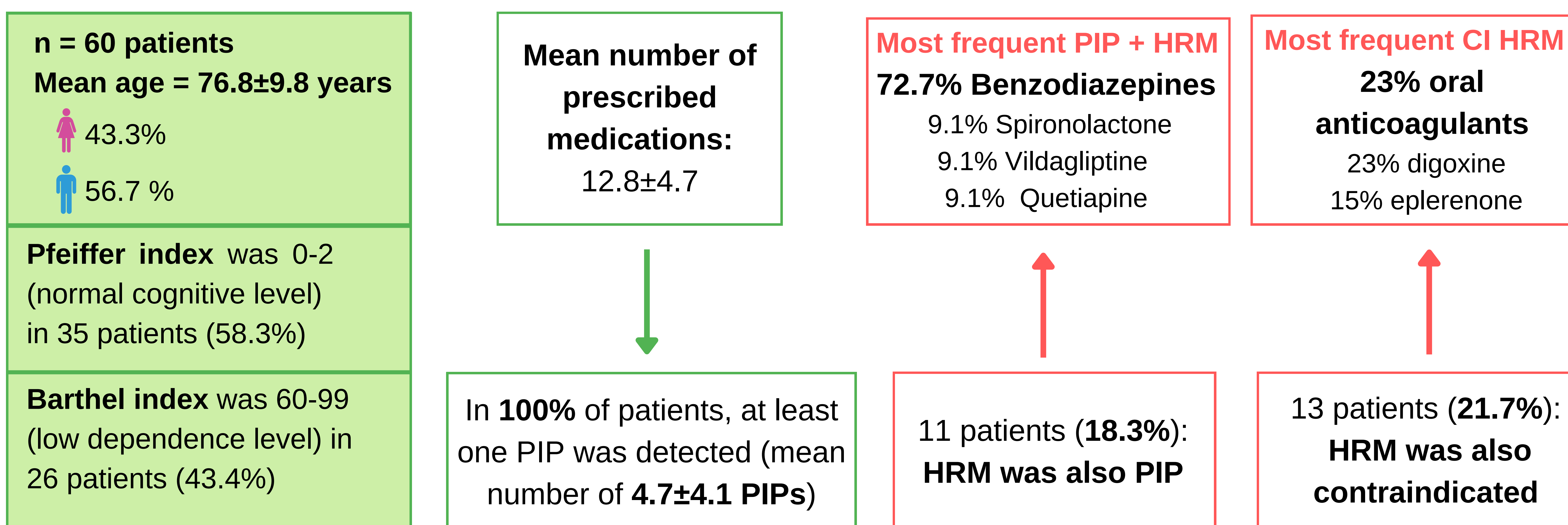


Pharmacists-led **medication reconciliation**:

- PIPs identification (using the List of Evidence-based deprescribing for chronic patients (LESS-CHRON) criteria)
- Contraindicated medication (using the Spanish datasheet)
- HRM (using the High-Alert Medications in chronic patients Institute for Safe Medication Practices (ISMP) list) identification was performed.

Demographic data together with Pfeiffer and Barthel index were collected from patients' medical records. Chi-square test was utilized to determine differences in the proportion of PIPs between HRM and non-HRM.

Results



There were non-significant differences in the proportion of PIPs between HRM and non-HRM (3.9% vs. 3%, $p \geq 0.05$).

Conclusions and relevance

- A **high prevalence of PIPs** was found through pharmacist-led assessment in hospitalized CCP according to LESS-CHRON criteria.
- A high number of PIPS and contraindicated medication were identified according to HRM assessed by IRMP, of which **benzodiazepines and anticoagulants were the most detected** according to the literature and the results obtained.

This fact highlights the need for pharmacists-led treatment-assessment and optimization programs in this population.

