



IMPACT OF CONCILIATION IN INSTITUTIONALISED GERIATRIC PATIENTS

R. López-Sepúlveda¹, M.S. Martín Sances¹, S. Anaya Ordóñez¹, M.Á. García Lirola¹, M.E. Espínola García¹, F. Artime Rodríguez², M. Carrasco Gomariz², M. Rodríguez Goicoechea², J. Cabeza Barrera².

¹Distrito Sanitario Granada - Metropolitano. UGC de Farmacia Provincial de Granada., Pharmacy, Spain. ²Complejo Hospitalario Granada. UGC de Farmacia Provincial de Granada, Pharmacy, Granada, Spain.

BACKGROUND & PURPOSE

In some regions the pharmaceutical services at nursing homes are held by pharmacists from hospitals in the public network.

To determine the impact of medicines reconciliation on the prevalence of Potentially Inadequate Medicines (PIM) in institutionalized elderly patients and analyze the most frequently PIM prescribed.

MATERIAL AND METHODS

Retrospective non-experimental study conducted between December 2014 and February 2015 at four nursing homes: two in which medicines reconciliation was performed and two others where it was not.

Prevalence of PIM prescribed at the residences in which reconciliation was carried out was compared to the prescription at residences in which it was not. PIM frequency was analyzed according to the list of drugs to be avoided in older adults (65 years old or older) included in the 2012 Beers criteria.

RESULTS

A total of 521 patients with a mean age of 83 years old were included, 224 at nursing homes where reconciliation was conducted and 297 at residences in which it was not. In the first group of residences there were 142 (63.4%) patients with inappropriate prescriptions and 203 (68.3%) within the other group. At homes where medicines reconciliation was carried out the total number of prescriptions were 2182 and 239 (10.9%) were PIM. In the other group of patients the total number of prescriptions was 2849 and 12.8% (365) were inadequate ($p < 0,05$ vs reconciliation). The total number of different prescribed specialties which was inadequate for patients was 59 for patients in the medicines reconciliation group and 83 for the other one. For comparison of independent proportions Epidat software version 3.1 was used.

The most frequently prescribed PIM at the reconciliates group were lorazepam, bromazepam, alprazolam, zolpidem and quetiapine, and for the other group of patients: lorazepam, zolpidem, haloperidol, alprazolam and clorazepate dipotassium.

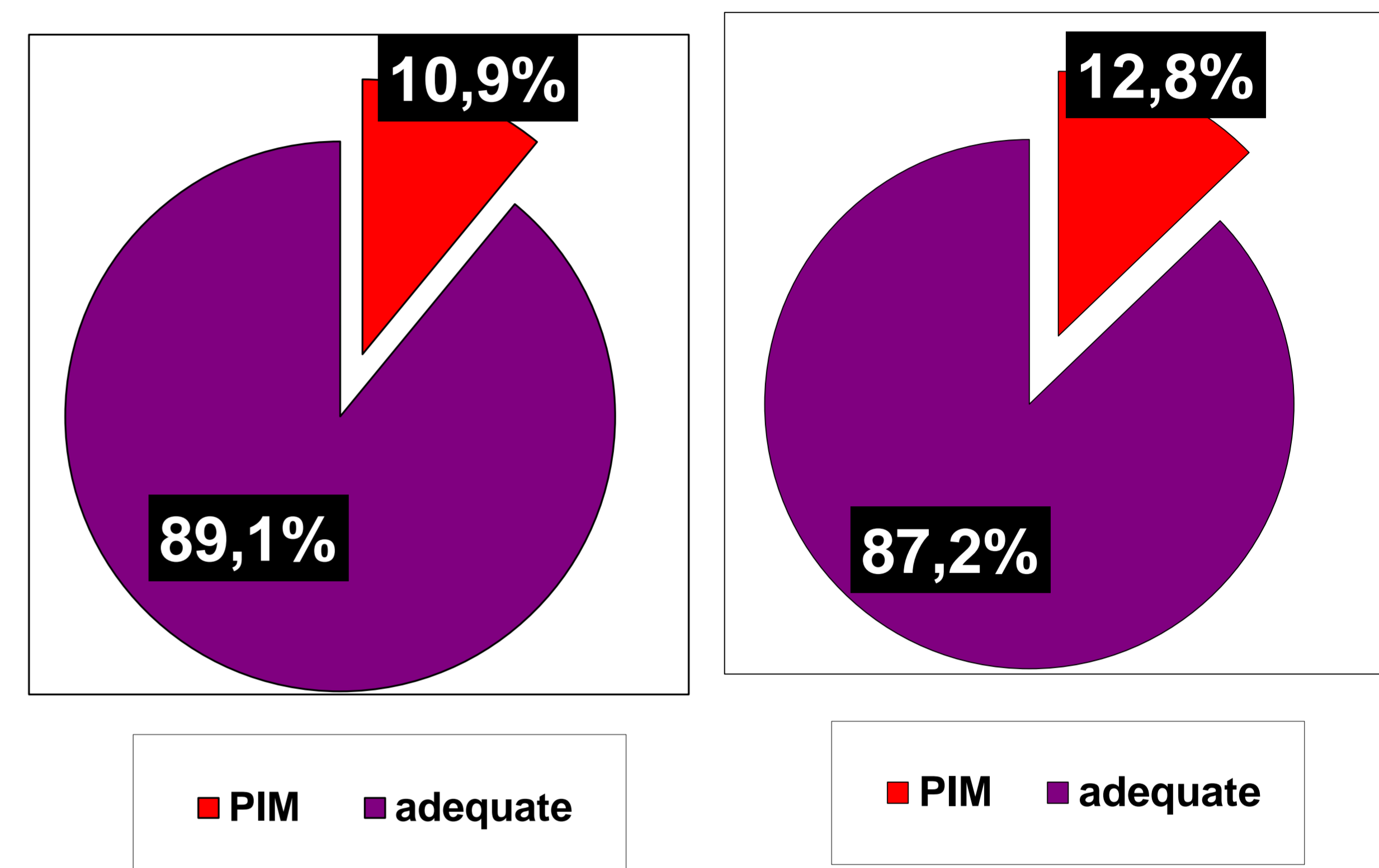


Figure 1. Potentially Inadequate Medicines Prescriptions

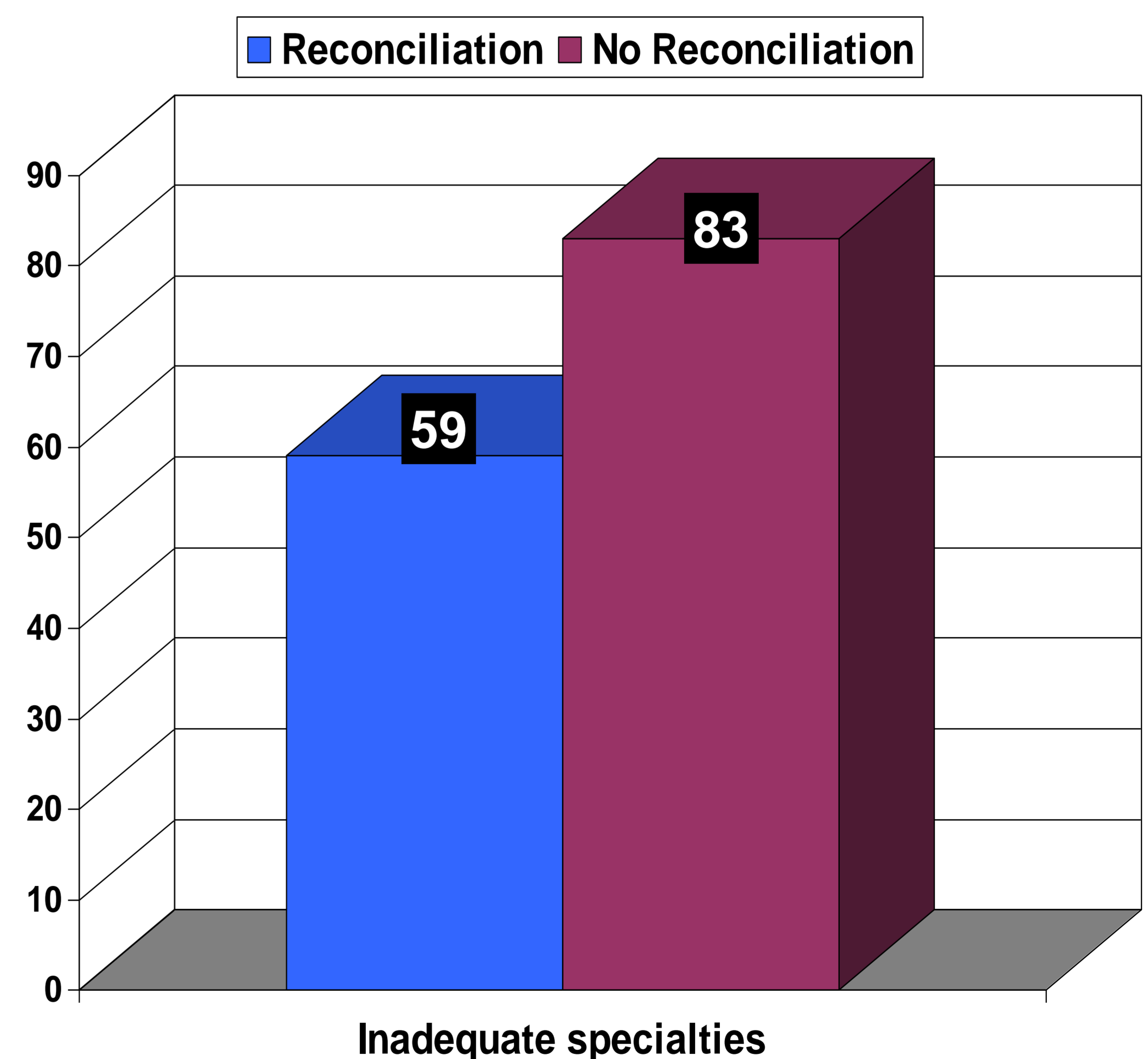


Figure 2. Total number of inadequate specialties

CONCLUSIONS

The results of this study show a high prevalence of PIM in institutionalized elderly, though residences with medicines reconciliation programme had a lower percentage of elderly with PIM and fewer inappropriate prescriptions. The total number of different inadequate specialties was also lower.