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## OBJECTIVES

A medicinal treatment optimization (MTO) program has been implemented since 2012 on a Gerontological Sector (GS) of our territory.

The purpose of this study was to measure the degree of involvement of Establishments for Elderly Dependent Persons (EEDP) to this program.

## METHODS

T1

**Between 2012 and 2014** : first audit in the 38 EEDP of the GS  
-> evaluating each stage of medication circuit (from prescription to drugs administration) with an analysis grid validated by a multidisciplinary scientific committee

T2

Définition of individualized and specific Improvement Actions (IA) for each EEDP in a multidisciplinary way

T3

**Since 2015** : second audit for each EEDP  
-> evaluating each stage of medication circuit , with same analysis criteria than first audit

We presents here first comparison results (only from EEDP that benefited of this second audit) :

- on the one hand, we measure the rate of implementation of IA in every EEDP
- and on the other hand we compare specific prescription indicators before and after implementation of these IA.

## RESULTS

- Implementation of IA in EEDP :

n = 23 EEDP (23/38 = 60%)	IA defined after the first audit	IA implemented partially or totally after the second audit	IA implemented totally after the second audit
Total of IA	331	247	202
Average (min- max)	14,4 (10 – 22)	10,7 (7-18)	8,8 (4-18)
Ratio* (min-max)	/	74,6% (46,7% - 100%)	61,0% (28,6% - 83,3%)

\*number of IA implemented compared to number of IA defined after the first audit

- Prescription's indicators :

n = 690 résidents - 21 EEDP	1 <sup>er</sup> tour	2 <sup>è</sup> tour
Average number of long-term medications per prescription	7,2	5,5
Rate of patient records for which a recent renal clearance (less than one year) was found in the record	61%	85%

## DISCUSSIONS / CONCLUSIONS

The impact of our MTO program appears to be positive, although these results have to be confirmed in other EEDP of the GS.

One of the often-proposed IA for improve drug prescriptions in elderly was the implementation of multidisciplinary proofreading sessions of prescriptions within EEDP, with participation of general practitioners. In the end, we observed a decrease of 2 drugs per prescription, and an increase of 20% of renal clearance measure.