

# **Medication review** with **Patient interview**



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#### What

The initiative took place in the Department of Affective Disorders, at Aarhus University Hospital, Denmark.

The initiative was to ad a patient interview to the medication review. Initially, the medication review was performed by hospital pharmacists without patient interview based only on medical records. The interview included a structured questionnaire on typical side effects of antipsychotics.

#### What has been achieved?

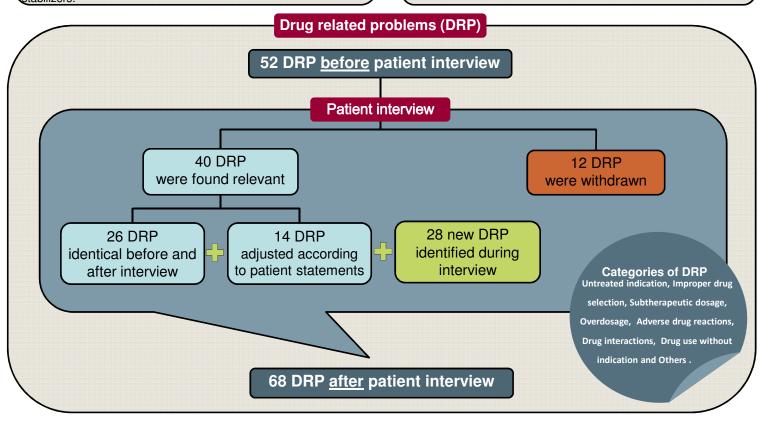
Patient interview has been implemented in all inpatient psychiatric wards and in one of eight outpatient clinics where the pharmacists conduct medication review. The structured questionnaire has been further developed and now includes common side effects caused by antipsychotics, antidepressants, benzodiazepines and mood stabilizers

### Why

Medication review with patient interview provides the opportunity to clarify the patient's overall drug intake along with identifying the patient's experienced side effects. Medication review with patient interview we believe gives a more realistic picture of experienced drug related problems (DRP) and potentially DRP. This again makes the medication review more relevant and useful to the doctors

## What next?

We still use the pilot study to show how medication review can be more relevant by using patient interview. The hospital pharmacy in Aarhus works on several levels in order to implement medication review, preferably with patient interview.



### How

The cost of a new workflow is always weighed against the outcome. We therefore planned and conducted a pilot study. The cost was measured as the time used for the patient interview and it was 17 minutes on average. We used DRP as the outcome. DRP is an accessible measure for the immediate outcome of a medication review. Sixteen medication reviews without patient interview were conducted and the same 16 patients were interviewed for a second medication review. Patient interview increased the number of identified DRP from 52 to 68. Due to the interview 28 new DRP were identified and 12 DRP found before the interview were withdrawn due to irrelevance.



