

MEDICINES OPTIMISATION FOR PATIENTS IN A NURSING HOME

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Background and importance: inappropriate prescribing is associated with increased morbidity and mortality, especially in the elderly. It is necessary to find tools to improve the care of these patients.



Aim and objectives: to evaluate the results of a medication review program in nursing home (NH) patients, analysing the acceptance of pharmacotherapeutic recommendations and identifying the most frequent interventions and the pharmacological groups involved.

Material and methods: prospective-multidisciplinary intervention study carried out using a treatment review program for institutionalised patients in NH (Checkthemeds®). All institutionalised patients were included.

Results

46 patients (28 women) were included, with a mean age 85,95 years [7,96]. Two patients were excluded due to death.

Recommendations

In 5 patients no recommendation was made.
89 recommendations were made (51,7% accepted)

Recommendation		Acceptance or not
Number	Kind	
2	New medicines	Not accepted
75	Medication discontinuations	40 accepted
5	Therapeutic substitutions	3 accepted
6	Dose modifications	2 accepted (1 monitoring)

Initially

Analysed drugs: 526



Average per patient: 11,95 [4,45]



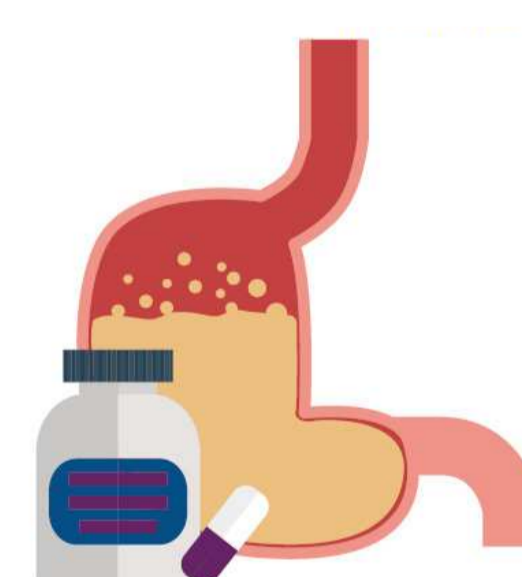
After review

Average per patient: 11,02 [4,21]

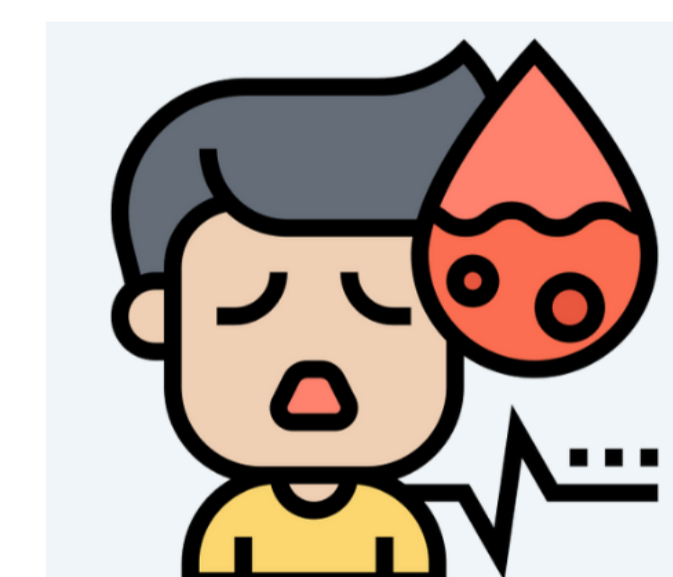
Main drugs:



CNS depressants
(34 recommendations)



PPI
(20 recommendations)



Antianemic preparations
(12 recommendations)

The main cause of non-acceptance was the reluctance of relatives to modify antipsychotic therapies.



Conclusion and relevance

The medication review program for NH residents, through the collaboration of a hospital pharmacist and a primary-care physician, optimises the pharmacotherapy of institutionalised patients.

The interventions of the multidisciplinary team provide great value in deprescribing, reducing the number of drugs used, and are a valuable tool to improve the safety and effectiveness of treatments



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