

Pharmaceutical care for dependent elderly people in France

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The ageing of the French population is well known and predictable: by 2050, the number of people over 75 will have tripled, and those of over 85, quadrupled. However the quality of life at this age is less certain. The projections on the epidemiology of Alzheimer's disease and similar syndromes are causing the authorities to consider the emergence of a 5th branch of the healthcare reimbursement system: dependence. The system has hitherto evolved into four 'risks': illness and pregnancy, family life, occupational accidents and illnesses, and old age. These are reimbursed differently. With the increase in lifespan the number of people in the new category has exploded and the government is considering what to do. In this context, Establishments Accommodating Dependent Elderly Persons (EHPADs) are very much in the spotlight today.

These nursing homes have to care for the most delicate, the most dependent population, often suffering from several health problems and so taking several medicines. At the same time, drug-induced illness in elderly people constitutes a major problem of public health: 20% of hospitalisations of those over 80 are due to the iatrogenic effects of the medicines. One of the objectives of the 2004 public health law was to reduce the frequency of unsuitable prescriptions for this age group.

These findings led to the idea of limiting the risk of iatrogenic medication by getting health professionals to become more involved with the treatment of residents in EHPADs, thus increasing the regulation of medicines consumption. Hospital pharmacists, trained to

deal with medicines efficiently in institutions, are naturally being asked to structure the pharmaceutical care of elderly people treated in nursing and other homes, drawing up a treatment handbook after dialogue with the care team.

- Throughout their training, they have become familiar with the rational and appropriate supply of health products (commercial bulk buying, unit procurement, which drugs are safer for elderly people).
- They are experienced with automated named patient dispensing and if this is linked to electronic prescribing and computerised patient files, it can add real value.
- They can educate those working in EHPADs in the safe administration of medicines and help establishments to work systematically for the safety of the elderly and the protection of their staff; the HPST (Hospital, Patient, Health and Regions) Act clarifies each role.
- Involved since the beginning of the nineties in the certification of health establishments, hospital pharmacists bring their experience to EHPADs, which also have to make a commitment to a quality approach; the requirements of the ANESM (the national agency that regulates medical and social establishments) are added to those of the HAS (French National Authority for Health).
- Finally, due to their cross-disciplinary position, hospital pharmacists coordinate multidisciplinary teams (nutrition, bedsores, risk of infections, oral hygiene, pain and palliative care) to improve care practices. So they are uniquely qualified to deliver the HPST global orientation: 'collaboration of healthcare professionals to ensure better care'.

To encourage coordination, the law envisages three ways in which hospital pharmacy can act:

- within an EHPAD
- within a Health Cooperation Group (GCS) as a health structure partnering medical and social institutions
- within a Social or Medico-social Cooperation Group.

The choice will be made according to the size, geographical location and the opportunities for cooperation between institutions. The reinstatement of the 'medicines' budget in the fixed price 'care' allocated to the EHPADs should encourage EHPAD directors to create such plans. In 2011, health products will no longer be invoiced to the health insurance but directly to the establishments.

Beyond the lower cost of medicines supplied by hospital pharmacies, if we look further into the real purpose of these stratagems as recognised in the Public Health Code, they can be summarised by considering that the main objective of hospital pharmacists is to optimise patient treatment through the judicious, safe, effective, appropriate and efficient use of health products. When taking into account the significant fragility of this elderly, dependent population and their sensitivity to iatrogenic risk, it seems obvious that hospital pharmacists will ensure good use is made of collective resources while doing their job in public health.

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