Therapeutic optimisation of elderly prescriptions: targeted pharmaceutical discharge letter

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Background

- Discharge of elderly patients = critical transition point
  - → Creation of a tool to expand town-hospital network targeted on potentially inappropriate medications (PIMs)
  - → Transmission of information with general practitioners (GP) on therapeutic optimisation
- Since november 2014 : daily pharmaceutical care (PC) in geriatric medicine ward for all patients.

Purpose

Describe implementation of pharmaceutical discharge letters (PDL) targeted on PIMs
Survey GP' opinions

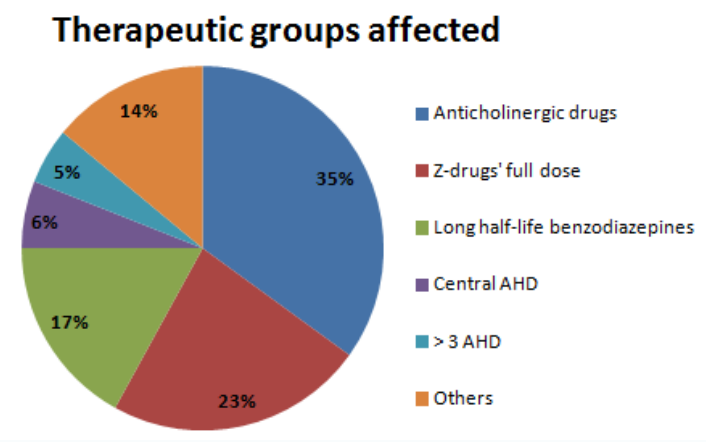
Method

- From march to september 2015: **PC** from admission to discharge for every patients.
- **Standardized PDL** with:
  - → A **letter** arguing benefits/risks of treatment modification with bibliographic arguments
  - → A summary **reconciliation table**
- For patients with **modifications or stop PIMs** during hospitalisation.
- Sent to GP with hospitalisation reports.
- Phone calls to GP to collect feelings about these PDL, in september 2015.

Results

PC during 7 months in a geriatric medicine ward → 419 patients	
Mean age	85.7 years (+/-6)
Drugs (average)	7 at admission / 6.5 at discharge
Prescription of at least 1 PIM	32% of patients at admission / 11% at discharge (p<0.05)

41 PDL during 7 months = 10% of PC	
Mean age	86 years (+/-6)
Drugs (average)	8.5 at admission / 6.6 at discharge
PIMs (all prescriptions)	59 at admission / 8 at discharge



Z-drugs : Zopiclone and Zolpidem
AHD : Anti-hypertensive drugs

12 GP interviewed
→ Useful and relevant strategy
→ Suggestions : adding implentation treatment date

Conclusion

- **Collaborative reconciliation**
- **Reduction of PIMs** at discharge
- Assist with the **reevaluation of prescriptions**
- Relevant for the **continuity of care** between hospital and home care
- **Preservations** of the benefits for **therapeutic optimisations** undertaken during hospitalisation
- Perspectives: send PDL to **community pharmacists**, interview with patient or his caregiver