

# PHARMACIST INTERVENTIONS TO REDUCE RISK FACTORS IN FALLS RELATED TO THE SEDATIVE EFFECTS OF DRUGS IN ELDERLY PATIENTS

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## BACKGROUND:

One of the main causes of injuries and hospital admissions among older people are falls. The risk of falling can be increased by some factors such as vision and balance problems, dementia and also drug consumption.

In 2012 **pharmacists in primary care performed an intervention**, providing the physicians with a list of elderly outpatients who were candidates for a clinical review, because of **potentially inappropriate prescriptions (PIP) for sedative effect drugs** was detected.

## OBJECTIVES

To evaluate the impact of pharmacist interventions in health outcomes of elderly patients with polypharmacy.

## METHODS

Retrospective study at **ten primary-care centers**, which included polypharmacy outpatients, older than 65 years, whose pharmaceutical interventions were made in 2012 because of a PIP of sedative drugs. We value the **acceptance by the physician** checking the prescribing modifications about pharmaceutical recommendations. Then we analyzed **health outcomes** in patients whose doctor had withdrawn the sedative effect drugs and patients without modifications in their treatment, reviewing the clinical history for a 12 months period after the intervention.

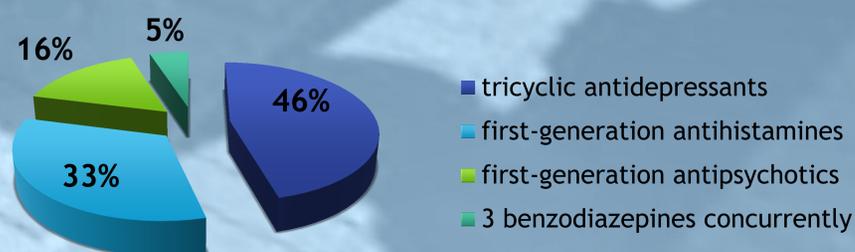
## RESULTS

- 234 pharmaceutical interventions (PI)
- Patients mean age 77 ( $\pm 7$ ) years
- 2 out of 5 patients suffered adverse events before the PI

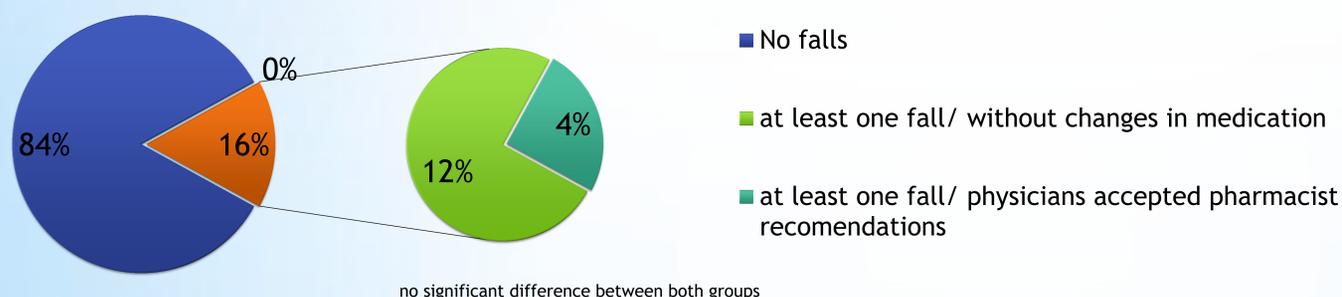


- 42% of patients were classified as at risk of falling
- Acceptance rate by physicians about pharmacist recommendations: **33%**

### Drugs involved



### Patients who suffered at least one fall during the year after the intervention



The falls in the group that had no changes in their medication generated:

- ✦ 15 primary-care visits
- ✦ 30 emergency visits
- ✦ 3 hospital admissions.

## DISCUSSION

A higher frequency of adverse events was found in patients without changes in their medication as recommended by pharmacists, although future research is necessary to confirm whether these interventions are useful in reducing negative health outcomes and to change prescribing habits.

## CONCLUSIONS

An appropriate use of sedative drugs in the elderly population could contribute to reducing the risk of falling and falls-related injuries.