Parkinson's disease (PD) is a long-term neurodegenerative disorder, whose onset appears usually after 60 years old. Patients often suffer from co-morbidities and have a complex medication regimen. Thus, iatrogenic risk is very high in these patients. In France, there are 25 expert tertiary centres for PD but no data about medication reconciliation (MR) for the patients hospitalised in these centres are currently available.

The objectives of this study were:
- To implement the MR process at admission in an expert center for PD
- To assess its impact on the PD population in terms of:
  - Type and Rate of unintended discrepancies
  - Type of implicated drugs
  - Potential severity of the consequences of unintentional medication discrepancies (UMD)

**Prospective study carried out from January 2017 to June 2018**

**Inclusion**:
- Patients hospitalized in tertiary unit specialized in neurology – movement disorders
- > 65 years old
- Living at home

**MR at admission**:
- Retrospective process

**Analysis of data set**:
- Characterisation of UMD
- Number of patients with at least one UMD
- Assessment of potential severity of consequences of UMD

**Common data**:
- n = 266 patients
- Age = 72.2 +/- 5.4 years old
- Sex ratio (H/F) = 59.4 % / 40.6 %
- Length of hospital stay = 7.4 +/- 4.9 days
- 8.1 +/- 2.9 drugs/patient

- 282 UMDs identified
- 114 patient had at least one UMD (43%)
- 2,5 UMDs/patient
- Solved UMDs : 76.0 %

**UNINTENDED DISCREPANCIES (TYPE)**
- 34% of neurologic drugs
- 8% of antiparkinsonian drugs

**UNINTENDED DISCREPANCIES (ATC CLASS)**

**POTENTIAL SEVERITY OF CONSEQUENCES OF MEDICATION ERRORS (A) DURING THE HOSPITALISATION, AND (B) CONSIDERING UMD UNCORRECTED 6 MONTHS AFTER DISCHARGE.**

**CONCLUSION**

The relevance of MR at admission in an expert center for PD was confirmed by:
- Similar rates of UMD compared to other studies.
- A high rate of acceptance about pharmaceutic intervention.

Interestingly,
A high rate of UMD occurred for neurologic drugs, which may have affected the neurologic assessment
A % of UMDs for the hospitalization then % 6 months after discharge this of UMD could have a significant clinical impact.