

# TREATMENT ADEQUACY IN DOMICILIARY CARE PROGRAMME PATIENTS

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## Background

In our area, 59% of patients in the domiciliary care programme (ATDOM) show polymedication and therefore greater morbidity.

## Purpose

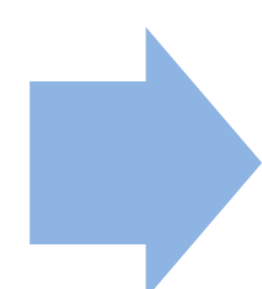
To analyse the medication plan (MP) review based on criteria of efficacy, efficiency and safety, adapting the treatments of the ATDOM patients.

## Material and methods

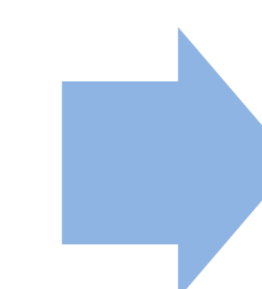
Retrospective longitudinal study of a prospective cohort, including ATDOM patients from a single health centre.

Demographic variables (age and sex), type of incidents, proposals, acceptance, application or reasons for non-application, savings and polypharmacy reduction were collected.

The pharmacist made proposals based on the clinical review of the MP.

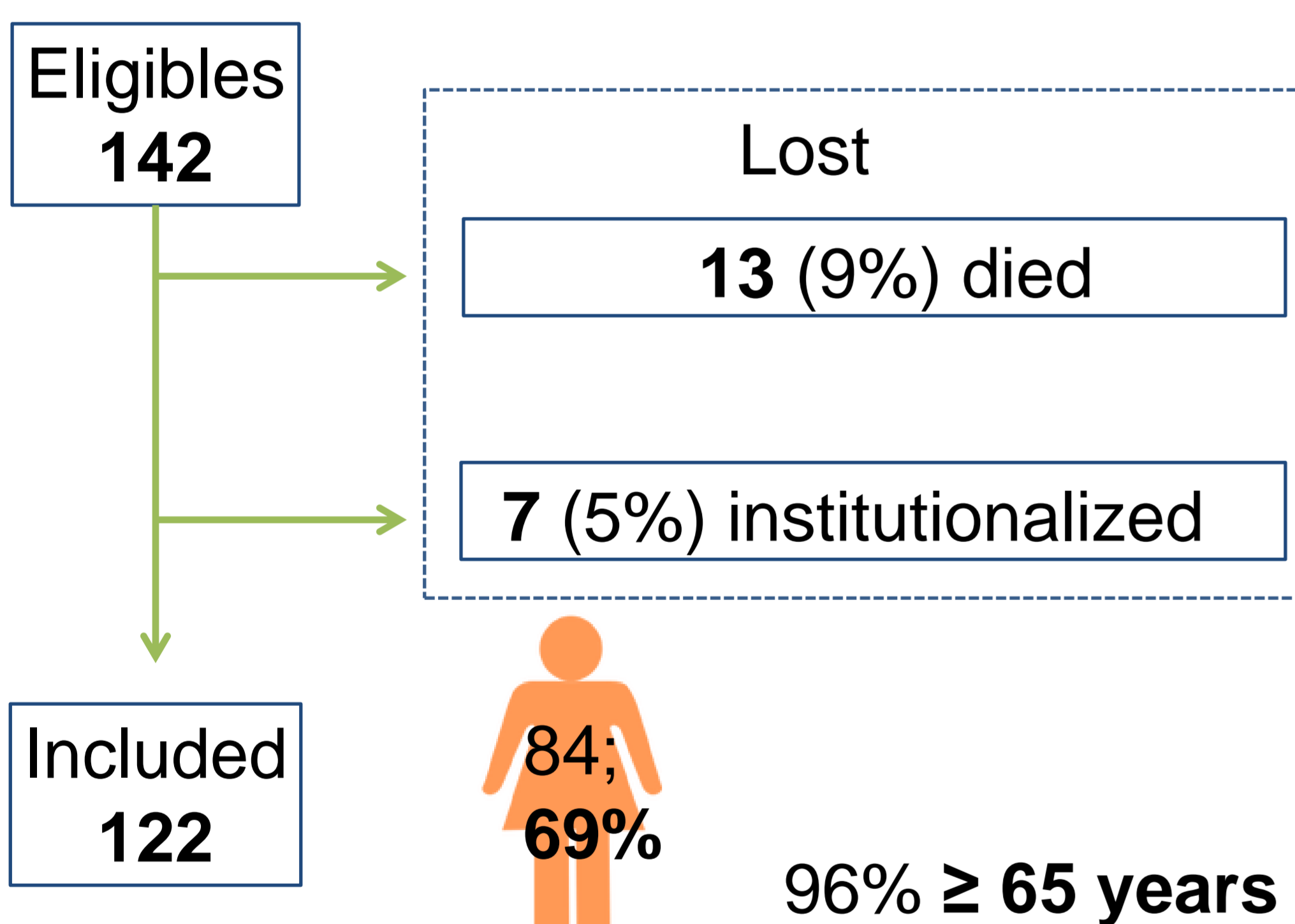


If the physician accepts the proposal, the patient/family member was informed for shared decision making.

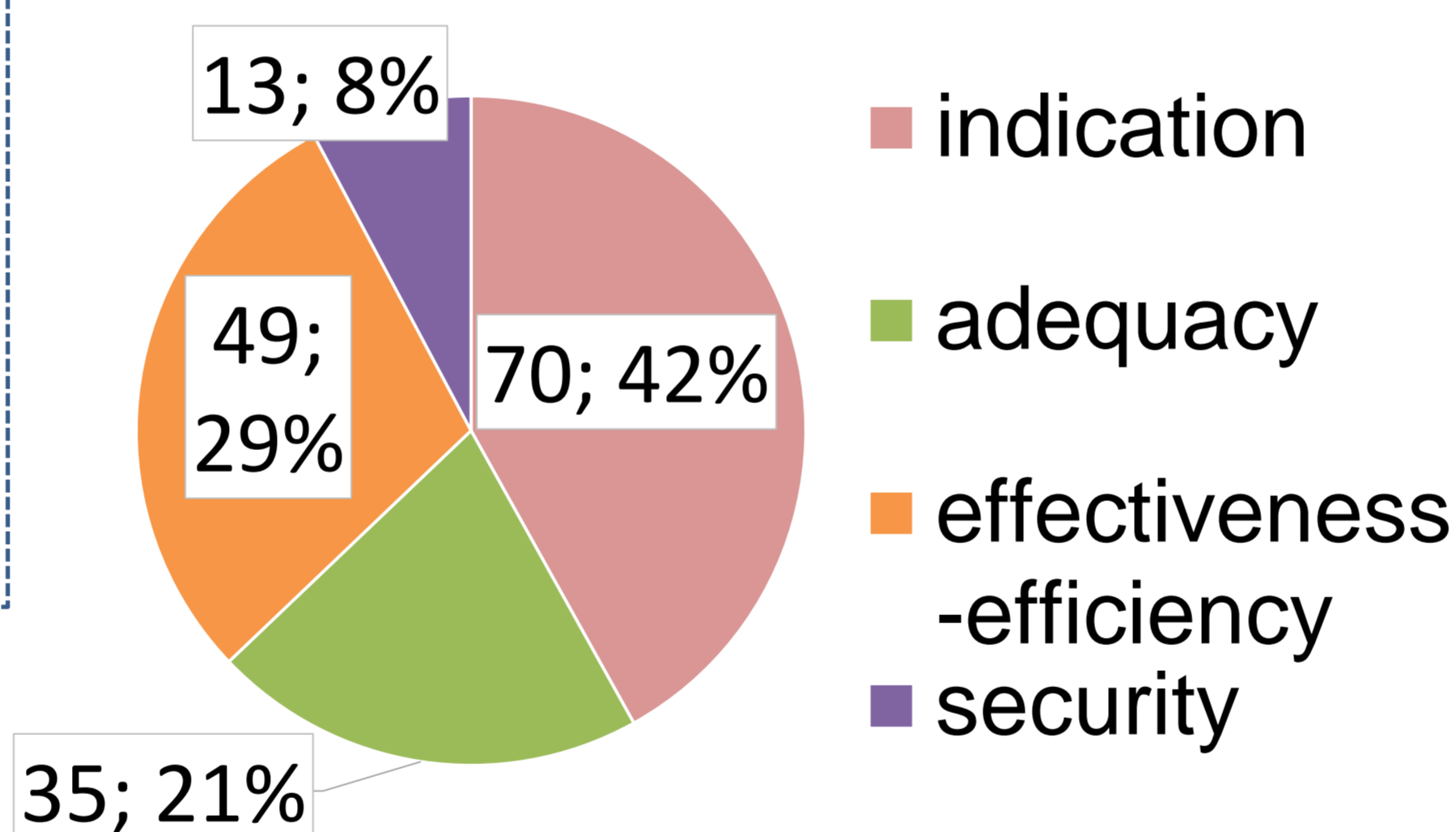


Application was checked at 3 months.

## Results

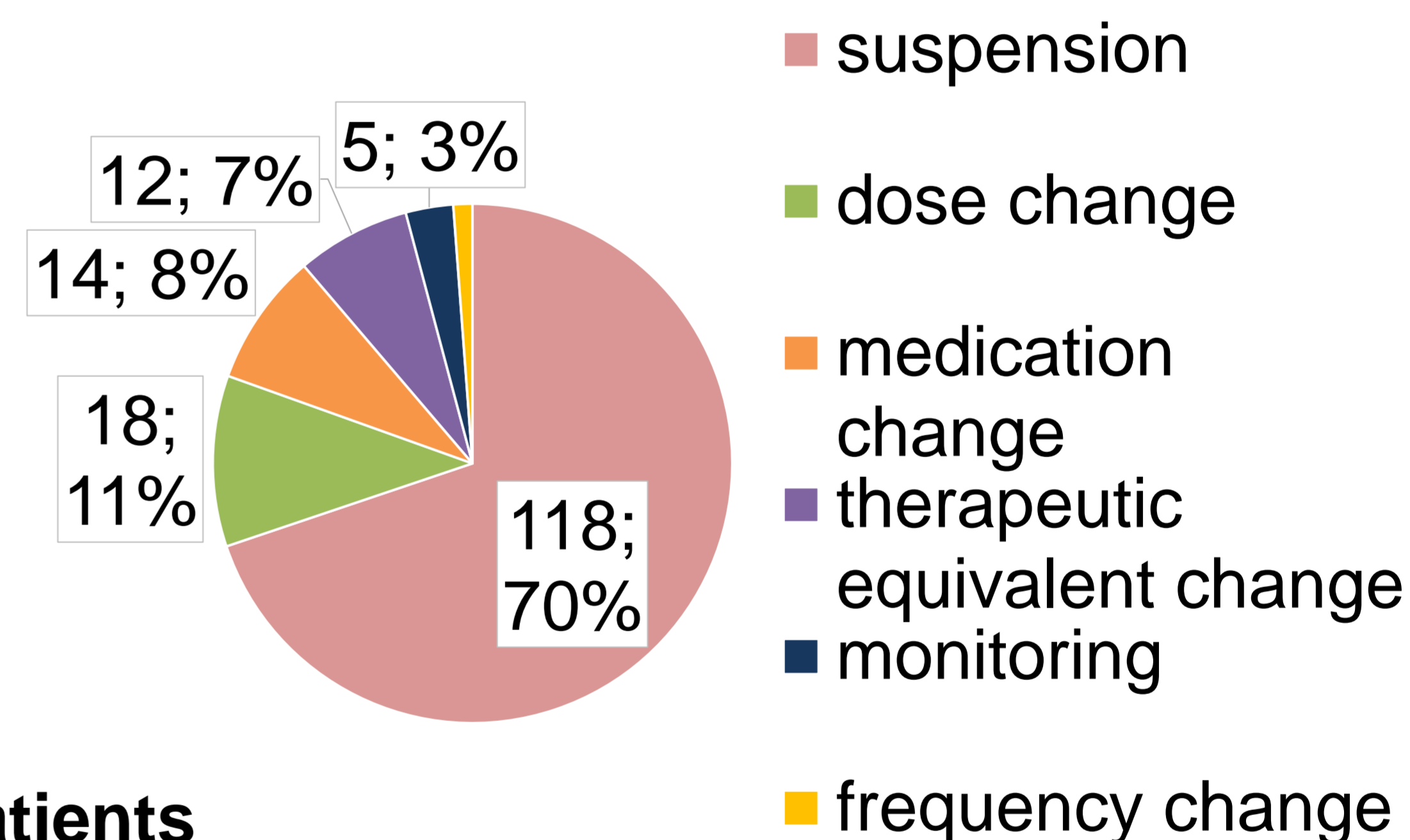


### 167 incidents, types:

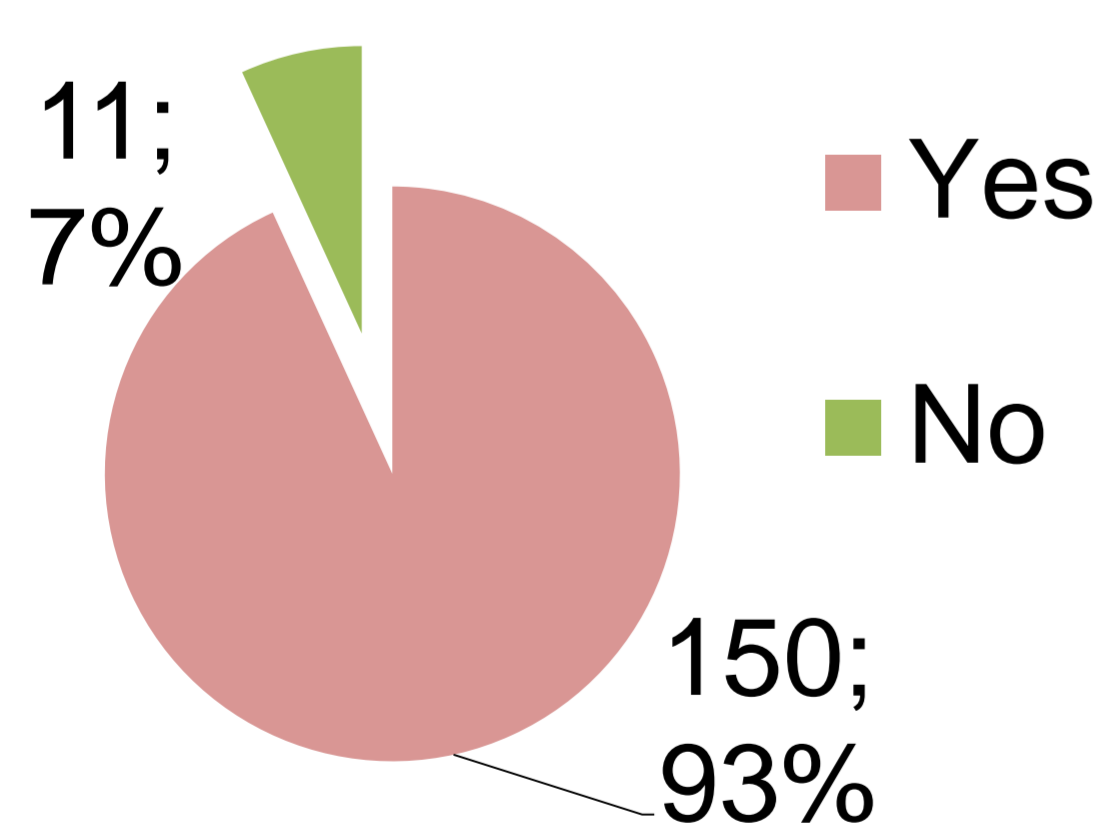


161 drugs and 78 (64%) patients

### 169 proposals, types:



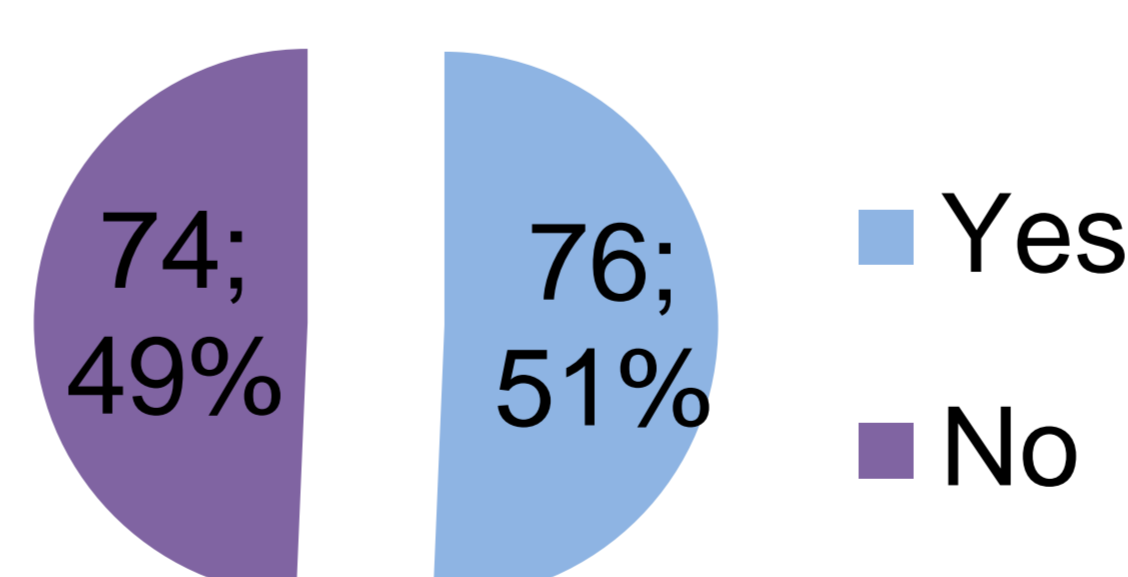
### Acceptance



### Involving 49 patients

- 1 patient's family did not accept proposals
- 5 had not been visited.

### Application



Resulting in an annual theoretical saving of 10,546 €

Drugs were reduced from 347 to 279 (19.6%), in 43 (54.4%) patients.

Drugs per patient decreased from  $8.1 \pm 3.2$  to  $6.5 \pm 3.2$ , which is a reduction of 1.6 drugs/patient.

## Conclusions

Physician's acceptance of the proposals was high, but almost one half were not carried out despite having been visited.

Most pending proposals could be due to organization or registration mistakes.

### Suggestions for improvement:

- To stratify patients according to clinical characteristics that allow prioritization
- To add in situ review of the drug's kit at home, thus allowing a thoroughly check including adherence, isoappearance, conservation and administration

