Pharmacist-led medication review unveiled more medication-related problems in possibly medication-related hospitalisations than in unlikely medication-related hospitalisations in elderly patients

Introduction:
- Elderly patients are prone to unsafe and/or ineffective pharmacotherapy. Drug related hospitalisations are common in this population.
- The Mobile Geriatric Team coordinates the Realisation of Medications Reviews for elderly patients hospitalised in non-geriatric wards, in order to prevent iatrogeny.
- The aim of this study was to identify medication-related problems associated with medication-related admissions (MRA) in hospital in older people.

Material and methods:
The pharmacist performs a medication review, as part of the comprehensive geriatric assessment. The probability of MRA is assessed using the ATHARM-10 score (P for possible, U for unlikely).

Results:
- Between March and October 2021, we analyzed 68 patients: 32 were P, 35 were U, and one patient was unscoreable.
- We created a composite criteria (= Pharmaceuticals Interventions) made of the sum of START/STOPP items, Drugs interactions, and Medication errors.

Discussion:
- Demographic differences between our 2 groups are consistent with literature.
- We unveiled more medication-related problems in patients possibly MRH than in unlikely MRH.
- We've been able to show a positive association between possible MRH and some of our therapeutics variables.
- It suggests that AT-HARM10 may be used to identify patients requiring priority on pharmacist-led medication review.

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