

IMPACT OF MULTIDISCIPLINARY TEAM INTERVENTION IN MEDICATION RECONCILIATION FOR GERIATRIC PATIENTS

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4CPS-393

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Aim and objectives: Review rate of discrepancies between medication prescribed at primary care and medication that patients really need to take in geriatric population consulted with a multidisciplinary team in hospital setting.

Material and methods

Ambispective study carried out by multidisciplinary team (nurse, geriatrician, pharmacist) in all patients attended in a geriatric specialised outpatient office attended by a doctor in hospital level setting, during the first fortnight of January 2020.

An interview with every patient was carried out by a nurse, who was responsible for actualize medication records of what every patient was really taken in that moment. Afterwards, geriatrician made an evaluation of the clinical situation and adjusted treatment according to that in every attendede patient. Pharmacist was then responsible for reconciliation of medication.

Demographic data, nº of drugs prescribed, types of discrepancies and rate of acceptance by the physician were collected.

Results

34 patients (8 ♂ , 26 ♀), **85.5 years** old median age were reviewed with a median of 10 drugs prescribed.



61 discrepancies were detected; **1.8/patient (IQR:0-4)**.

This discrepancies were:

47(77.05%)	inappropriate dosage
8 (13.11%)	drug omission
2 (3.28%)	drug duplication
2	drug interaction
2	commission



46 discrepancies **were reconciled** with Turriano® (tool for prescribing drugs in primary care setting by general practitioners): **9** (19,56%) interventions adding drugs to the prescription, **15** (32,60%) drug discontinuing and **22** (47,82%) dosage change.

15 were not accepted: 8 were unfunded drugs, 4 posology was conditioned to the clinical situation, 2 due to ignorance for prescription, and 1 due to a computer problem.

Only 4 patients (11.76%) did not present any discrepancy.

Conclusions

The high % of patients with discrepancies in Turriano®, represents a significant **safety problem**. A large number of discrepancies have been found and corrected leading to **an improvement in quality of treatment and patient safety**.

These interventions are essential in elderly, multi-pathological and polymedicated patients.

