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BACKGROUND AND IMPORTANCE

Electronic prescriptions allow pharmacists to communicate with the rest of the multidisciplinary team, facilitate pharmacotherapeutic monitoring and contribute to better therapeutic adherence.

AIM AND OBJECTIVES

Assess the reliability of electronic prescription by analysing concordance, the presence or absence of discrepancy, by studying the active medication in these prescriptions and the pharmacist's interview with the patient and/or caregiver.

MATERIAL AND METHODS

Retrospective observational study carried out in a third level general hospital. During a period of 12 months, all patients belonging to the Traumatology, Urology and Neurosurgery Service in whom the responsible physician indicated medication reconciliation by the Pharmacy Service were included.

Variables

- ✓ **Demographic:** sex and age
- ✓ **Pharmacotherapeutic:**
 - ✓ Treatment lines reviewed
 - ✓ Total number of drugs (F) prescribed and not prescribed
 - ✓ Cause of discordance (F prescribed but the patient is not on current treatment, changes in dosage, occasional consumption, F not prescribed)
 - ✓ Presence or not of polypharmacy (5 or > drugs)
 - ✓ ATC classification of discordant drugs

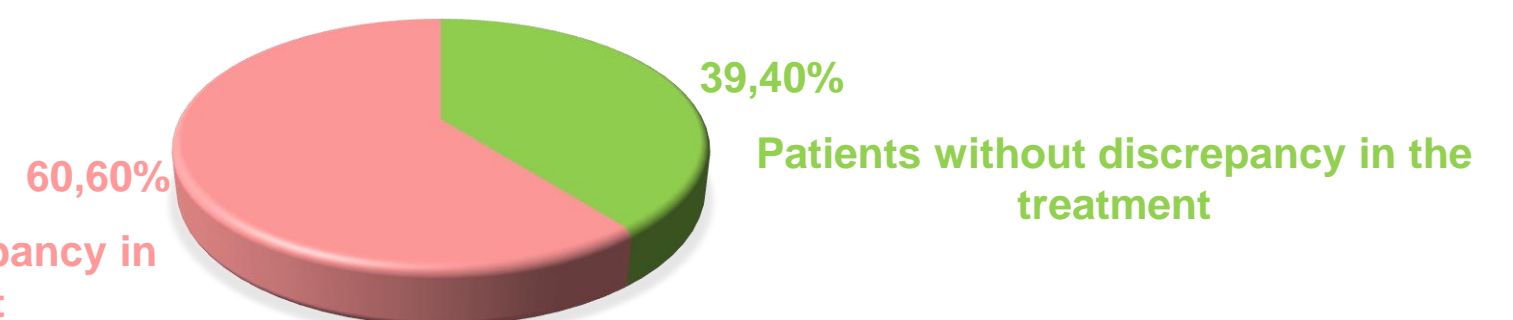
RESULTS



378 patients

169 men (44,7%) 209 women (55,3%)
69 years [11.8] 71 years [11.6]

Patients with discrepancy in the treatment



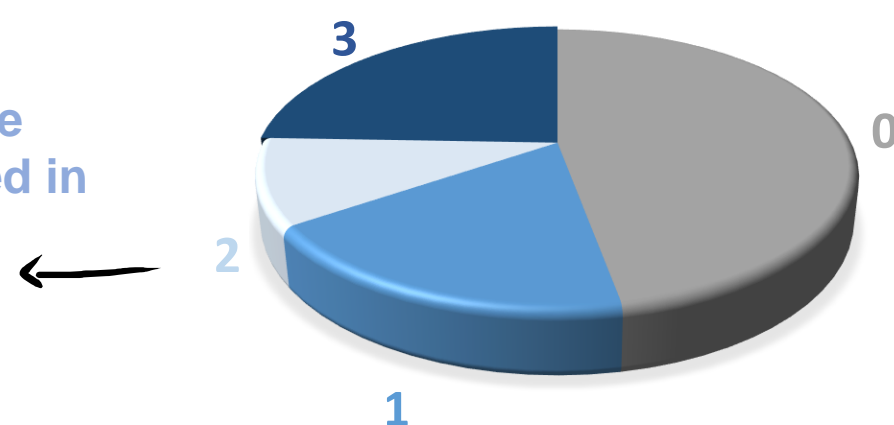
The pharmacist reviewed 2426 prescribed lines of treatment and 401 discordant drugs were detected:

0= drugs prescribed but that the patient does not take (47%)

1= drugs with changes in the dosage regimen not reflected in the prescription (18,5%)

2= drugs with occasional consumption (10%)

3= drugs not prescribed (24,5%)



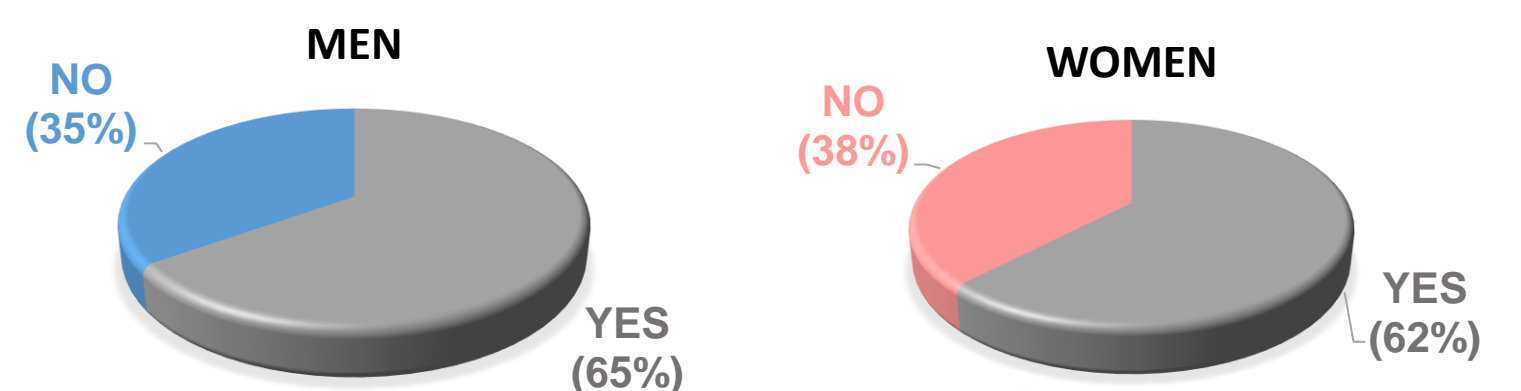
ATC group of drugs that the patient did not take despite being prescribed:

- **Group N**, highlighting benzodiazepines, antidepressants and antiepileptics

ATC group of drugs not prescribed but that the patient did take:

- **Group A**, highlighting proton pump inhibitors, vitamin D, calcium and magnesium; and **Group C**, mostly statins, angiotensin II receptor antagonists, ACE inhibitors and beta-blockers.

POLYPHARMACY (5 or > drugs)



AGE RANGE	NUMBER OF DRUGS
20-40	2
41-60	4
61-80	6
81-100	8
>100	3

CONCLUSION

In view of the results obtained and the high percentage of patients (60,6%) in whom a discrepancy is found in the electronic prescription, it would be advisable to extrapolate the pharmaceutical action carried out in the Traumatology, Urology and Neurosurgery services to all the hospital's clinical services in order to avoid possible medication errors and adverse effects.

