Assess the prevalence of potentially inappropriate prescribed medications (PIPs), High-Alert Medications (HRM) and contraindicated medications (CI) in chronic complex patients (CCP) to whom pharmacist-led in-hospital reconciliation have been performed and to determine the HRM burden consequence of PIPs.

**Objective**

- PIPs identification (using the List of Evidence-based deprescribing for chronic patients (LESS-CHRON) criteria)
- Contraindicated medication (using the Spanish datasheet)
- HRM (using the High-Alert Medications in chronic patients Institute for Safe Medication Practices (ISMP) list) identification was performed.

**Material and Methods**

Cross-sectional study on hospitalized CCP (March - April 2022)

Pharmacists-led medication reconciliation:

- PIPs identification (using the List of Evidence-based deprescribing for chronic patients (LESS-CHRON) criteria)
- Contraindicated medication (using the Spanish datasheet)
- HRM (using the High-Alert Medications in chronic patients Institute for Safe Medication Practices (ISMP) list) identification was performed.

Demographic data together with Pfeiffer and Barthel index were collected from patients’ medical records. Chi-square test was utilized to determine differences in the proportion of PIPs between HRM and non-HRM.

**Results**

<table>
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<tr>
<th>n = 60 patients</th>
<th>Mean age = 76.8±9.8 years</th>
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<tr>
<td>43.3%</td>
<td>56.7%</td>
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Pfeiffer index was 0-2 (normal cognitive level) in 35 patients (58.3%)

Barthel index was 60-99 (low dependence level) in 26 patients (43.4%)

Mean number of prescribed medications: 12.8±4.7

**Most frequent PIP + HRM**
- 72.7% Benzodiazepines
- 9.1% Spironolactone
- 9.1% Vildagliptine
- 9.1% Quetiapine

**Most frequent CI HRM**
- 23% oral anticoagulants
- 23% digoxine
- 15% eplerenone

In 100% of patients, at least one PIP was detected (mean number of 4.7±4.1 PIPs)

11 patients (18.3%): HRM was also PIP

13 patients (21.7%): HRM was also contraindicated

There were non-significant differences in the proportion of PIPs between HRM and non-HRM (3.9% vs. 3%, p≥0.05).

**Conclusions and relevance**

- A high prevalence of PIPs was found through pharmacist-led assessment in hospitalized CCP according to LESS-CHRON criteria.
- A high number of PIPS and contraindicated medication were identified according to HRM assessed by IRMP, of which benzodiazepines and anticoagulants were the most detected according to the literature and the results obtained.

This fact highlights the need for pharmacists-led treatment-assessment and optimization programs in this population.