MEDICATION RECONCILIATION IN THE EMERGENCY DEPARTMENT IN ELDERLY PATIENTS

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BACKGROUND
The medication reconciliation is a process to identify and solve unintended medicine discrepancies, defined as differences between the home treatment prescription and the first hospital prescription. A large number of studies show that the reconciliation process minimizes reconciliation errors (RE).

PURPOSE
To determine the incidence of RE in polymedicated elderly patients admitted to a Emergency Department (ED) and to analyse the type of RE, drug group involved and severity of the RE.

MATERIAL AND METHODS
A prospective, 2-year intervention study, starting in February 2016. The medication was reconciled in the first 24h after admission in ED. Patients older than 65 years and six or more drugs were included.
The reconciliation was done by interviewing patients or carers in the ED and by consulting clinical and prescribing records. Chronic medication list was collected. This list was compared with prescriptions performed during hospitalisation. In cases where a discrepancy that required clarification was found, it was discussed with the doctor. To classify a discrepancy as an RE, the prescriber had to accept it.
Variables collected were: age, sex, drugs prescribed, unjustified discrepancies, potentially inappropriate drugs, interactions and medication-related problems, RE and severity of RE.

RESULTS
Reconciliation in the admission to the ED was done to 553 patients, mean age 86 years (65-99), 68% women, 6027 drugs were reconciled (mean 10.9). There were 1050 unjustified discrepancies at admission, 326 potentially inappropriate drugs, 192 interactions and 118 medication-related problems, 72 RE (average of 0.13 RE per patient).
The most common RE was omission of drugs (81%) followed by different dose, regimen or route (14%).

ATC Classification

36%  
11%  
7%  
4%  
3%  
3%

Benzodiazepines derivatives
HMG Co-A reductase inhibitors
Cardioselective beta blockers
Proton pump inhibitors
Selective serotonin reuptake inhibitors
Insulins and analogues

Regarding the severity of errors, 100% reached the patient without damage (severity C).

CONCLUSION
Medication reconciliation by a pharmacist in the ED is an effective procedure to identify and resolve medication errors.