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Good Practice Initiative
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What was done?

In an Internal Medicine department, the concurrence between doctors and pharmacists has led to a project that aims to reduce duplications of therapy and to ensure an improvement in the health status of the patient.



This through pharmacological recognition and subsequent therapeutic reconciliation carried out on patients in discharge.

Why was it done?

Often the elderly patient suffers from several pathologies at once and commonly he is in polytherapy. According to the Italian Ministerial Recommendation No. 17, errors in drug therapy can cause serious harm to the patient. By increasing the patient's awareness and reducing the number of potentially inappropriate prescriptions, it will be possible to improve the effectiveness of therapies and to reduce side effects.

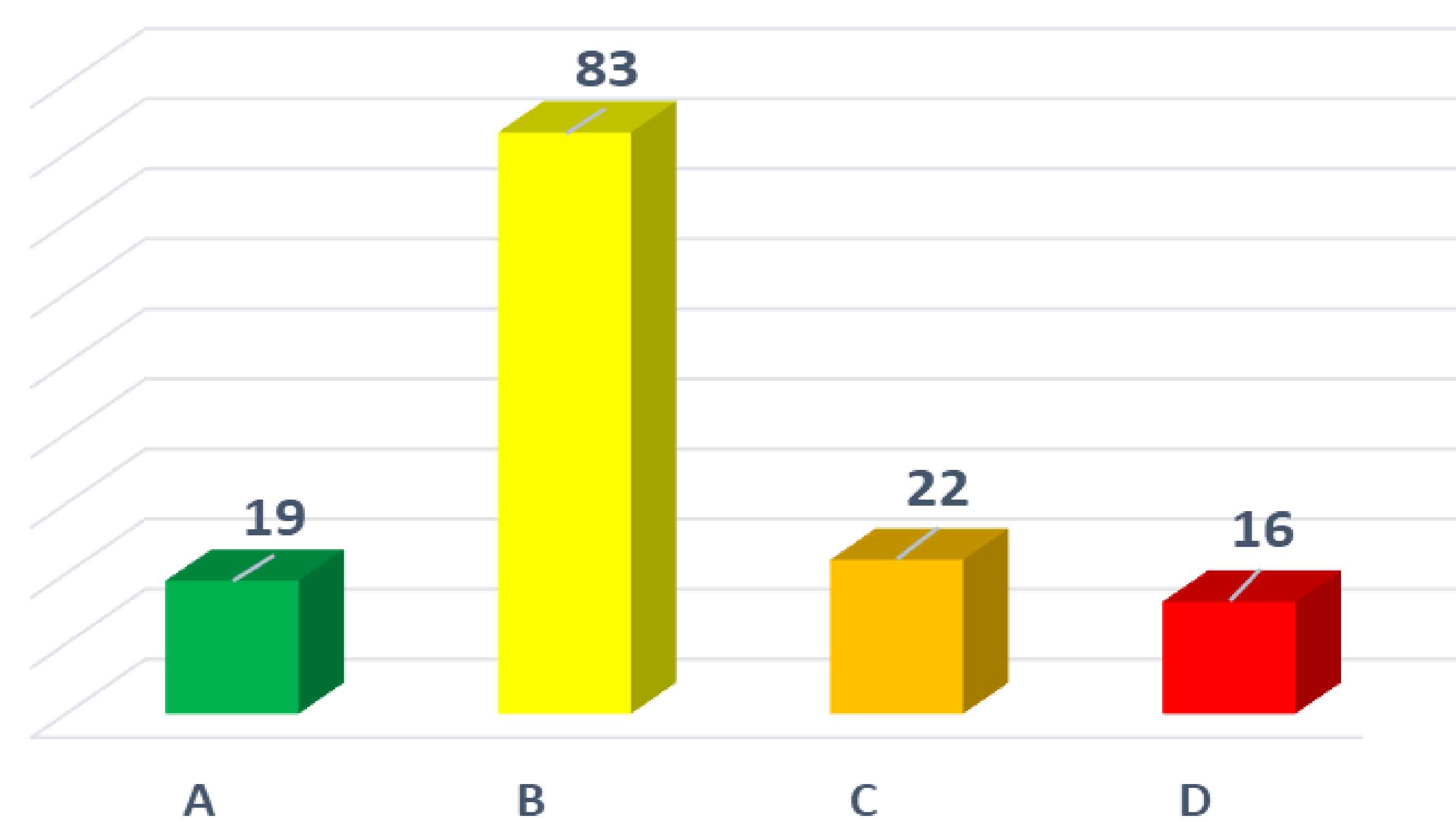


How was it done?

In Internal Medicine ward, from June to August 2022, we gather the therapies for 48 hospitalized patients aged over 65 years. Reconciliation boards were then developed using the Intercheck Web software. Sequentially the physician, according to the chemist, proceeded to remodulate the therapies especially in those cases where there were serious interactions.

What has been achieved?

A total of 140 drug interactions were detected, on average 2.91 interactions per patient. Especially, 16 of class D (very serious), 22 of class C (major), 83 of class B (moderate), 19 of class A (minor). The modified or partially modified therapies at discharge were 71%. This restriction brought to a curtailment of drugs taken and an removal of unnecessary drugs.



Tab. 1: Pharmacological interactions founded during the project.

What's next?

The team are doing a patient follow-up to six months and a year so earlier results will be soon available. Reducing drug intake is possible, and it involves a downsizing in side effects and in an increase in patient compliance. Information to the patient is essential and, by using this procedure on a large scale, it will be possible to optimize the management of the chronic patient at home and in-patient care.