MEDITCINAL TREATMENT OPTIMISATION OF RESIDENTS OF ESTABLISHMENTS FOR ELDERLY DEPENDENT PERSONS: FIRST RESULTS OF A PROGRAMME IMPLEMENTED IN A GERONTOLOGICAL SECTOR

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OBJECTIVES

A medicinal treatment optimization (MTO) program has been implemented since 2012 on a Gerontological Sector (GS) of our territory.

The purpose of this study was to measure the degree of involvement of Establishments for Elderly Dependent Persons (EEDP) to this program.

METHODS

Between 2012 and 2014 : first audit in the 38 EEDP of the GS
- > evaluating each stage of medication circuit (from prescription to drugs administration) with an analysis grid validated by a multidisciplinary scientific committee

Définition of individualized and specific Improvement Actions (IA) for each EEDP in a multidisciplinary way

Since 2015 : second audit for each EEDP
- > evaluating each stage of medication circuit , with same analysis criteria than first audit

We presents here first comparison results (only from EEDP that benefited of this second audit):

- on the one hand, we measure the rate of implementation of IA in every EEDP
- and on the other hand we compare specific prescription indicators before and after implementation of these IA.

RESULTS

- Implementation of IA in EEDP :

<table>
<thead>
<tr>
<th>Total of IA</th>
<th>IA defined after the first audit</th>
<th>IA implemented partially or totally after the second audit</th>
<th>IA implemented totally after the second audit</th>
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<tbody>
<tr>
<td>n = 23 EEDP (23/38 = 60%)</td>
<td>331</td>
<td>247</td>
<td>202</td>
</tr>
<tr>
<td>Average (min-max)</td>
<td>14,4 (10 – 22)</td>
<td>10,7 (7-18)</td>
<td>8,8 (4-18)</td>
</tr>
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Ratio* (min-max) / 74,6% (46,7% - 100%) 61,0% (28,6% - 83,3%)

*number of IA implemented compared to number of IA defined after the first audit

- Prescription's indicators :

<table>
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<tr>
<th>n = 690 résidents - 21 EEDP</th>
<th>1er tour</th>
<th>2è tour</th>
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<tr>
<td>Average number of long-term medications per prescription</td>
<td>7,2</td>
<td>5,5</td>
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<tr>
<td>Rate of patient records for which a recent renal clearance (less than one year) was found in the record</td>
<td>61%</td>
<td>85%</td>
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DISCUSSIONS / CONCLUSIONS

The impact of our MTO program appears to be positive, although these results have to be confirmed in other EEDP of the GS.

One of the often-proposed IA for improve drug prescriptions in elderly was the implementation of multidisciplinary proofreading sessions of prescriptions within EEDP, with participation of general practitioners. In the end, we observed a decrease of 2 drugs per prescription, and an increase of 20% of renal clearance measure.