IMPLEMENTATION OF PHARMACEUTICAL CONSULTATION IN PRIMARY HEALTH CARE – PHARMACOTHERAPY FOLLOW-UP OF POLY-MEDICATED ELDERLY PATIENTS IN ULSCB HEALTH CENTER

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Introduction

The increase in life expectancy and the consequent increase of pathologies and co-morbidities have led to poly-medications. The medication incidents can occur throughout the process of medication management in older poly-medications adults, therefore inadequate monitoring of medication can significantly contribute to this occurrence. It is estimated that 4% to 7% of hospital admissions result from these incidents. Physiological aging leads to metabolic changes as well as to the alteration of pharmacokinetics and pharmacodynamics of drugs, causing the elderly population to be extremely sensitive to the effects of medication, thus increasing the potential adverse reactions, drug interactions and ineffectiveness of medication, resulting in a deterioration of the health and greater use of medical care (and more hospital admissions). The intervention of the pharmacist in the patient medication, integrating the team of health professionals, not only optimizes therapeutic outcome, but also reduces costs in health.

Objective

• Analyse the medication of a sample of a poly-medications elderly population, belonging to the UCSB of S. Miguel (ULSCB, EPE that is taken on a regular basis so as to compare it later with the medication prescribed by the doctor).
• Identify possible discrepancies that may decrease the effectiveness and safety of the treatment.
• Implement the pharmaceutical consultation to review the medication prescribed by the Family Doctor (model 1).
• Promote the rational use of the medicinal product, optimize therapies and reduce costs in health.
• Integrate the pharmacist in multidisciplinary team of primary health care professionals.

Methods

• Gathering of information on medication for chronic disease prescribed to a sample of 20 patients in the previous 6 months;
• Preparation of the patient’s pharmacotherapeutical profile;
• Pharmaceutical consultation and information gathering of the medication brown bag and interview with the patient and/or caregiver;
• Comparative analysis between the prescribed medication as well as the medication contained in the patient’s brown bag so as to allow the identification of discrepancies;
• Preparation of a report with findings and recommendations to send to the Family Doctor.

Results

The total of 20 patients was consulted, 50% female, the prevalent age group ranged from 75-84 years of age. All patients were major poly-medications, with an average of 8 medications. The prevalent pathologies are Arterial Hypertension (65%), diabetes (30%), and rheumatologic diseases (35%).

The most prescribed therapeutic groups are antihypertensive (23%), anti-diabetic (9.3%), PPI (9.3%), anxiolytics, sedatives and hypnotics (6.5%).

The pharmacotherapeutical consult allowed the identification of discrepancies, enabling the immediate intervention of the pharmacist in the correction of unintentional and non-documented errors, avoid drug related problems, improve adherence and therapeutic management, advise and provide the Family Doctor with relevant information. The proximity of the pharmacist and the doctor allows for greater acceptance of recommendations by the doctor and the patient. There is evidence of the importance of integrating the pharmacist professional in Primary Health Care to promote the rational and responsible use of medications and complementary therapies, thus improving the quality of life of patients by increasing the efficiency and sustainability of the NHS.

Conclusion and discussion of results

Of the 155 medication analysed, 92% have moderate potential interactions (present in all patients). 8% of the medication presents potential serious interactions (present in 7 patients).

Bibliography