PS-029

REVIEW OF THE SYSTEM FOR RECORDING ELDERLY PATIENTS' MEDICINES AT ADMISSION

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Background
Medication errors are a major cause of adverse events in hospitalized elderly patients and increase morbidity, mortality and healthcare costs.

Purpose
To improve the reconciliation process in these patients, to establish the severity of the discrepancies, to analyze potentially inappropriate prescriptions (STOPP criteria), and to identify drug interactions.

Materials and Methods
Retrospective and descriptive study conducted at a general hospital from January to December 2012 on patients over 75 years.

Results

| Discrepancies classified according to the "Consensus Document on Terminology and Classification in Medication Reconciliation". |
| Potential severity of reconciliation errors (REs) based on the NCCMERP index. |
| Potentially inappropriate prescriptions (STOPP criteria). |
| Drug interactions. |

Medicines reconciliation was performed in 1,530 patients 59.71% were women

Drugs evaluated
13,117 (8.64/patient)

Discrepancies detected
2,722 (1.78/patient)

Causes of REs

- Omission of chronic medication
- Incorrect dose, route or frequency
- Other

Severity of REs

- Category C
- Category D
- Category E
- Other

25%
72%
1%
2%

Inappropriate prescriptions according to STOPP criteria were 80 (6.92% of patients).
There were found 187 clinically significant drug interactions (15.56% of patients).

Conclusions
- The incorporation of the reconciliation process in the hospital has allowed detecting and intercepting REs.
- Due to conditions of elderly patients, before any prescription is necessary to consider all aspects that may influence the efficacy, safety and success of pharmacotherapy.

Competing interests: None