MEDICATION REVIEW AND MEDICATION RECONCILIATION: MOST FREQUENT ERRORS IN ELDERLY POLYMEDICATED PATIENTS

Maestro Nombela, A; Saavedra Quirós, V; Sánchez Guerrero, A.
Pharmacy Department.
Hospital Universitario Puerta de Hierro Majadahonda (Madrid, Spain)

BACKGROUND
Medication errors are currently a health problem of great magnitude, which causes the appearance of problems related to drugs and adverse drug reactions, an increase in morbidity and mortality and healthcare costs derivatives.

PURPOSE
To analyse the impact of pharmaceutical intervention in Traumatology and Emergency services in a tertiary hospital.

MATERIAL AND METHODS
Retrospective, descriptive study conducted from June 2016 to July 2016. We identified newly-hospitalised patients aged over 75 years and compared patients usual medicines with the prescribed medicines. Data collected were: number of patients reconciled, number of drugs evaluated, number and kind of discrepancies and medicines errors identified.

RESULTS
Demographics: 68 patients (53 women); mean age: 86,5 years; mean of drugs per patient: 9,7.
A total of 81 recommendations were made. This corresponds to an average of 1.2 recommendations per patient (0-8).

CONCLUSIONS
Medicines reconciliation is important in Emergency and Traumatology service because of the proportion of elderly patients and the amount of drugs for chronic treatment, and numerous discrepancies requiring clarification.

The omission of a medicine was the most common unjustified discrepancy. The pharmaceutical intervention is important in order to avoid possible medications errors that could cause damage to patient. We should improve communication with clinical teams to encourage patient safety.