

M-1457 Clinical medication reviews in a naturalistic setting: drug-related problems identified in the elderly with polypharmacy

Background: Most of our knowledge about drug-related problems (DRP) identified in elderly patients with polypharmacy is based on medication reviews conducted in research settings rather than in naturalistic settings. In addition, data on the acceptance rate of proposed interventions to resolve DRP in a naturalistic setting is lacking.

Purpose: This study investigated the prevalence of identified DRP in a large group of elderly with polypharmacy by means of a clinical medication review (CMR) and the acceptance rate of the proposed interventions in a naturalistic setting.

Methods: A cross-sectional study based on results of CMR of 3,807 elderly patients (≥ 65 years) with polypharmacy (≥ 5 drugs) completed between January and August 2012. Data was acquired from 318 Dutch community pharmacies affiliated to Nederlandse Service Apotheek Beheer, a franchise organisation for independent community pharmacies, located across the Netherlands. Data was extracted from the community pharmacists' databases and entailed: year of birth, gender, dispensing data, identified DRP, DRP-categories, activities, consultations performed, proposed and accepted interventions and diseases.

Findings: 3,807 CMR were performed with elderly patients with polypharmacy across 258 pharmacies. The participants had a mean age of 78 \pm 7.7 years; 57.9% were female. On average, a patient used 9.5 \pm 3.4 chronic drugs. On average, 3.0 \pm 2.3, range 1-26 DRP were identified. The DRP-categories overtreatment (25.5%) and undertreatment (15.9%) were found most frequently. Stopping the use of a drug was suggested most frequently (19.6%), followed by monitoring of the patient (18.4%), e.g. measuring of the blood pressure or performing a blood test. 46.2% of the proposed interventions was accepted, in 23.7% of the cases, the intervention differed from the proposal and in 30.1% of the cases, no intervention was performed.

Conclusion: The number of DRP was similar to previous studies. Overtreatment and undertreatment comprised 40% of DRP and can be identified using STOPP/START criteria. For additional support of CMR, the Amsterdam Tool listing 125 DRP may be suitable. Good co-operation between pharmacist and GP may improve the acceptance of proposed interventions.

Location of Primary Work: Netherlands

