OBSERVATIONAL, PROSPECTIVE CLINICAL STUDY TO EVALUATE DISCREPANCIES AND INAPPROPRIATE DRUGS IN INTERNAL MEDICINE, ACCORDING TO A MULTIDISCIPLINARY MEDICATION RECONCILIATION PROTOCOL: A PRELIMINARY ANALYSIS

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Objectives

Medication reconciliation (MR) is the process of identifying the most accurate list of patient's drugs recognizing discrepancies, inappropriate drugs and interactions. We are conducting a prospective, observational study (RT-UNIG-01) in internal medicine units of Niguarda Great Metropolitan Hospital, with the aim to evaluate prevalence of intentional and unintentional discrepancies and inappropriate drugs in clinical practice and their correlations with ADRs during the hospitalization and after 1 month follow-up. The study is still ongoing, we are presenting preliminary results.

Methods

In the RT-UNIG-01 study, we are enrolling patients over 18 years. After the admission, detailed pharmacological history is collected by a clinical pharmacologist who also performs the MR process discussing cases with treating internists. Drug-drug interactions, discrepancies and inappropriate drugs are evaluated and reported as well as ADRs. At the discharge an exhaustive list of medications is given to patients and every modification is well explained.

Results

A preliminary analysis of first 79 patients (55.7% male, 44.3% female, with a mean age of 71.0 and 76.3 years, respectively), showed that the mean number of medication per patient is 6.8 with 70.9% of patients in polypharmacotherapy, defined as five or more medications at the admission to the Hospital. At the admission 77.2% of patients had 1 or more UIDs (Undocumented Intentional Discrepancies) vs 58.2% at the discharge, after the reconciliation process. Patients with UDs (Unintentional Discrepancies) were respectively 16.4% vs 2.5%. The most frequent medications involved in discrepancies are atorvastatin calcium trihydrate, ferrous sulfate, levothyroxine sodium and ramipril.

Conclusion

Preliminary data shows that MR is an important process which reduces risk of potential harm for patients.