Qualité d’utilisation des médicaments chez la personne âgée

Anne Spinewine, Clinical Pharmacy Research Group (SSS/LDRI)

Collaborateurs directs: SSS/IRSS, CHU Dinant Godinne et Cliniques Universitaires St Luc

21/05/2014
Background

- Medications are an important source of **adverse events** in health care, particularly in older people
  - Prevalence of **adverse drug events**: $x2$ in older people

- Contributing factors
  - Comorbidities and polypharmacy; compliance;...

- Clinical, economic and humanistic adverse outcomes
  - 10-30% of hospital admissions are drug-related
    - About half are likely to be preventable
Research overview

Optimising the use of medications in older people is central to the quality of patient care

Research themes
- Quality of use of medicines = ?
- Underlying factors = ?
- Approaches for optimisation
  - Clinical pharmacy
  - Audit and feedback, IT,...

Focus
- Prescribing
- Transitions across settings
- Oral anticoagulants

Methods
- Mixed methods
- Evaluative research
Appropriateness of prescribing in older people

- **Appropriateness** of prescribing

- **Categories** of inappropriate prescribing
  - Over-
  - Mis-prescribing
  - Under-

- **Tools** for measurement
  - Explicit vs implicit

Spinewine et al., Lancet 2007
Inappropriate Prescribing and Related Hospital Admissions in Frail Older Persons According to the STOPP and START Criteria

- Overuse of benzodiazepines, aspirin and opiates
- Underuse of calcium and vitD, aspirin and statins
- ¼ admission related to inappropriate prescribing according to STOPP&START
- Fall-induced osteoporotic fracture ⇒ priority target

Reduction of Potentially Inappropriate Medications Using the STOPP Criteria in Frail Older Inpatients: A Randomised Controlled Study

- STOPP-based screening + recommendations
  - doubles the discontinuation of inappropriate medications at discharge
  - Modifications persist 1 year after discharge.
Categories underlying inappropriate use of medicines

Reliance on general acute care and short term treatment
- Review of treatment driven by acute considerations; other considerations overlooked
- Limited transfer of information on medicines from primary to secondary care
- “One size fits all”: prescribing behaviour not tailored to the older patient

Passive attitude towards learning
- Anticipated inefficiency in searching for medicines information
- Reliance on being taught (teacher centred) rather than self directed learning

Paternalistic decision making
- Patients thought to be conservative
- Patients declared as unable to comprehend
- Ageism
- Difficulty in sharing decisions about treatment with other prescribers
Optimising medication use in nursing homes

Art 56 – Project 10/2013 → 09/2016

To determine the effectiveness, feasibility and acceptability of a complex, multifaceted intervention in improving appropriateness of use of medicines for older people in nursing homes
Instrument to characterize unintentional medication discrepancies (Claeys et al. 2012)

Effect of a clinical pharmacist intervention on unintentional medication discrepancies after discharge: a prospective cohort study
What’s in for the future?

- **Seampat**

- **Keywords**
  - Patient empowerment; patient’s perspective
  - E-health; Decision support systems
  - Process evaluation and outcome measures
  - Multidisciplinarity