

## Qualité d'utilisation des médicaments chez la personne âgée

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# Background

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- Medications= 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

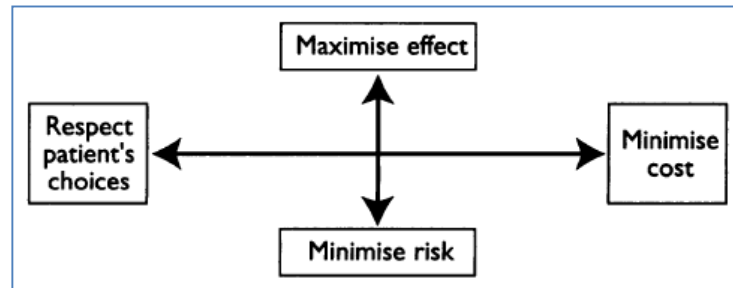
## Methods

- Mixed methods
- Evaluative research

# Appropriateness of prescribing in older people

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- Appropriateness of prescribing



- Categories of inappropriate prescribing

- Over-
- Mis- prescribing
- Under-

- Tools for measurement

- Explicit vs implicit



## **Inappropriate Prescribing and Related Hospital Admissions in Frail Older Persons According to the STOPP and START Criteria**

Dalleur et al, Drugs Aging 2012

- 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**

Dalleur et al, Drugs Aging 2014



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



# Appropriateness of use of medicines in elderly inpatients: qualitative study

Spinewine et al, BMJ 2005

## 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

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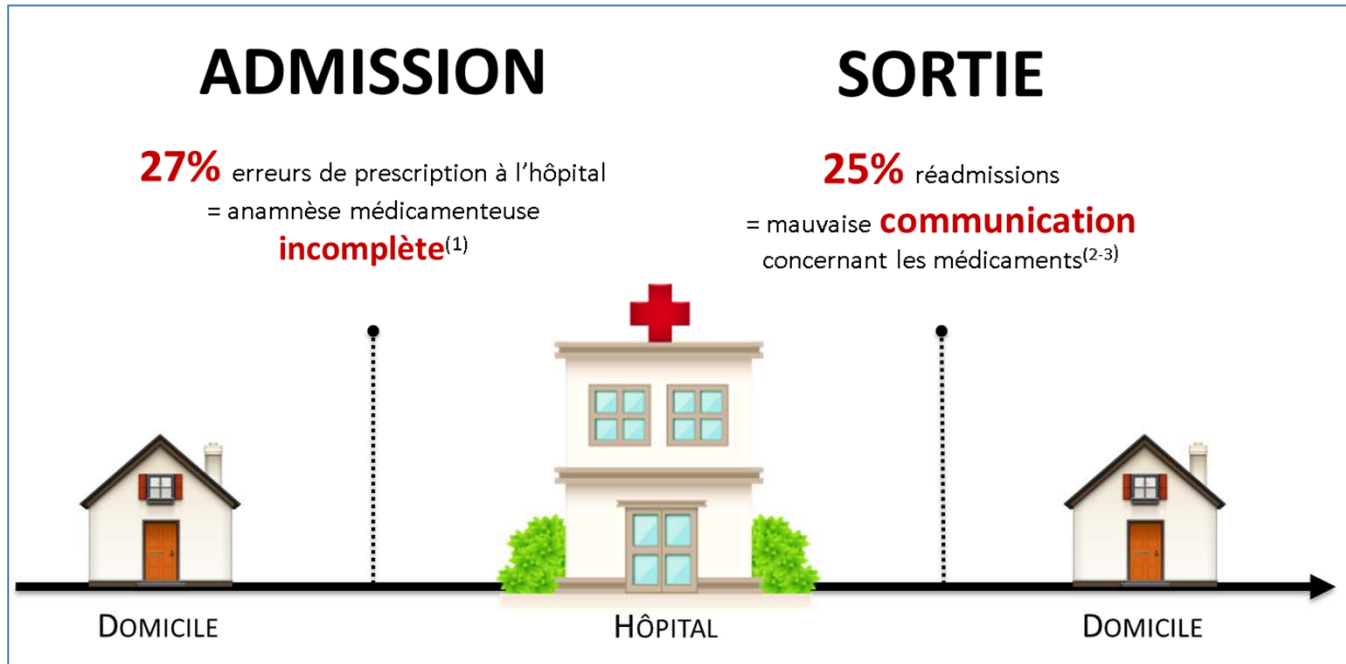


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To determine the effectiveness, feasibility and acceptability of a complex, multifaceted intervention in improving appropriateness of use of medicines for older people in nursing homes

# Seamless care



- **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?



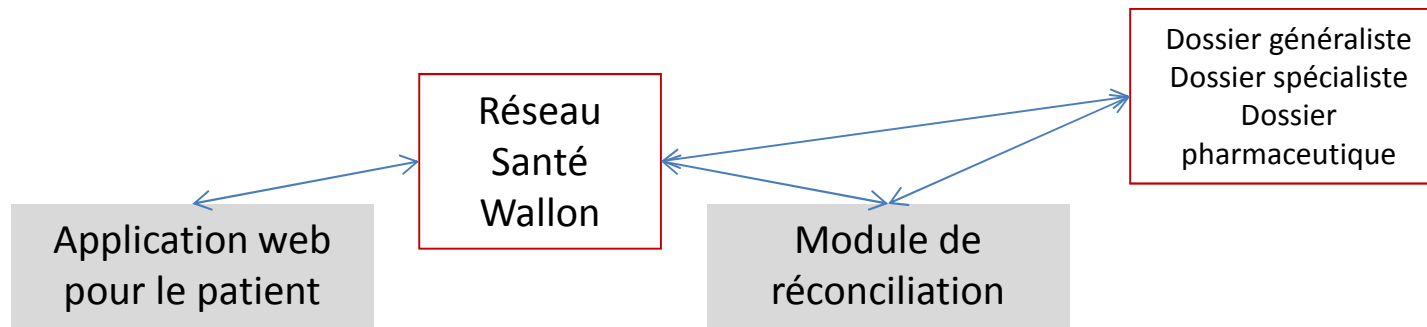
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## ■ Seampat



## ■ Keywords

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