



PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2013 – Abstract

Collaborative pharmaceutical care in research and practice

Title/Name	: Hege Blix	Phone	:
Institute	: Department of Pharmacoepidemiology, Norwegian Institute of Public Health, School of Pharmacy, University of Oslo	Fax	:
Street	:	Skype	:
Postal code + City	: Oslo		
Country	: Norway	Email address	: Hege.Salvesen.Blix@fhi.no

The above mentioned participant in the PCNE WC 2013 wishes to submit following abstract for a poster or oral communication. If accepted and presented, the abstract will be published in the International Journal of Clinical Pharmacy. Please make sure the abstract is no longer than 350 words, excl. author-details.

Title Medication reviews at the general practitioners' office – a multidisciplinary approach in ambulatory care?
Author(s) 1Department of Pharmacoepidemiology, Norwegian Institute of Public Health, 2School of Pharmacy, University of Oslo, 3Lovisenberg Hospital Pharmacy, 4Diakonhjemmet Hospital Pharmacy, 5Institute of Clinical Medicine, Faculty of Medicine, University of Oslo and Dep. Pharmacology, Oslo University Hospital, Norway
Type of abstract X Research <input type="checkbox"/> Practice development <input type="checkbox"/> Practice implementation
Aim of project/study Admission to hospitals often implies alteration of medical treatment. The follow-up of medication changes after discharge from hospital is a challenge for the GPs, and imperfect communication may impair optimal patient treatment. We aimed to investigate whether outreach visits to GPs by hospital pharmacists can improve patient drug use in primary care.
Method Patients with changes in their medicine regimens during hospitalization were eligible for the study; the patients were recruited from 6 hospitals in southern Norway. Clinical pharmacists made appointments with the patients' GPs four to five months after discharge. The GPs were told that the aim was to discuss the patients' drugs regimens through a collaborative medication review. Before the study a pilot was carried out, standardized data collection forms were developed, and the participating pharmacists were trained in methods for medication reviews.
Result(s) A total of 184 patients were included in the study, and medication reviews could be performed for 105 patients. The reasons for not participating in the study were that the GPs did not want or did not have time to schedule a meeting or the patients had died. Eight pharmacists and 88

GPs took part in the study. The mean age of the patients was 76.1 years, 48 men and 57 women. For 11 patients the GPs had not received the discharge notes. Patient identified with DRP had on average 2.8 DRPs (range 1-15), 31 patients had no DRPs. The most frequent DRPs were need for medication monitoring (60 DRPs), need for additional drug (34), unclear documentation in the GPs records (19) and inappropriate drug choice (19). The GPs agreed to undertake immediate changes related to 63 (31%) of the DRPs discussed. For 17 DRPs (8%) no changes were performed. For 114 (56%) DRPs a decision was postponed and could not be taken before the GP had seen the patient or medication monitoring had been performed. Five drugs accounted for 25% of the 202 DRPs, these being digitoxin, warfarin, metoprolol, potassium and furosemid.

Conclusion: Medication reviews performed in a multidisciplinary setting in primary care might improve drug use among patients discharged from hospital.

+++ NB: PhD students still pay the early bird fee for their abstract if their abstract is accepted ++++