SAFETY RELATED TO PSYCHOGERIATRIC PATIENTS. ONE-YEAR PROSPECTIVE STUDY

M. Hernandez1, C. Mestres2, J. Jurgen3, P. Modamio4, C. Fernandez5, E. Marriño6, Blanquerna Health Science, Ramon Llull University, Pharmacy, Barcelona, Spain; School of Health Sciences Blanquerna, University Ramon Llull, Health Sciences, Barcelona, Spain; Grupo Mutua, Hospital Güell, Barcelona, Spain; Department of Pharmacy and Pharmaceutical Technology and Physical Chemistry - Faculty of Pharmacy and Food Sciences - University of Barcelona - Barcelona - Spain, Clinical Pharmacy and Pharmacotherapy Unit, Barcelona, Spain; Department of Pharmacy and Pharmaceutical Technology and Physical Chemistry - Faculty of Pharmacy and Food Sciences - University of Barcelona, Clinical Pharmacy and Pharmacotherapy Unit, Barcelona, Spain

10.1136/ejhpharm-2019-eahpconf.568

Background Patient safety is the most important concern for healthcare professionals, patients and healthcare systems. Adverse drug events (ADEs) are a common cause of hospitalisation and occur with increasing frequency in hospital as patients age.

Purpose Determine the ADEs at admission and during the stay in a psychogeriatric unit.

Material and methods One-year prospective cross-sectional study (July 2015–2016), in a psychogeriatric ward (21 beds). Included patients with dementia, admitted presenting neuropsychiatric/behavioural and psychological symptoms in dementia (BPSD). Excluded patients with previous psychiatric illness or palliative conditions.


Results Sixty patients (60% females), age: 84.8 years (68–96). Dementia: unidentified (43%), Alzheimer’s (31%), Lewy bodies (8%), vascular (8%), mixed (5%) and others (6%). GDS-R 4.5 ±1.2, moderate cognitive impairment. Barthel Index 43.8 ±23.9, moderate dependence. Patients comorbidities 4.8 ±1.6. Drugs/patient 9.03 ±3.12. DBI high risk in 69% of the patients. High risk of falls, Tinetti (15.5 ±8) and Downton test (4.5 ±1.3).

Sixty-eight ADEs (53 patients, 81.5%, 22.6% more than one). 73.5% not related to falls. From this 80% were related to the patient and required intervention in 34 (68%) and F: temporary harm (C/D).

Conclusion The balance between effective treatments and safety is complex in these patients. Mostly ADE are related to the pharmacological treatment of this BPSD.

Anticholinergic load is a determinant for a specific ADE and were related to falls, the worst consequence in this patient, clinical and economic impact.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.