

### 5PSQ-192 MEDICATION REVIEW OF POLYMEDICATED PATIENTS IN A HEALTH MANAGEMENT AREA

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**Background and importance** Polypharmacy is defined as taking more drugs than are clinically necessary and is associated with an increased risk of adverse effects, interactions, less adherence to treatment, more hospitalisations and increased costs. Hence treatment review is important, which allows for a better benefit–risk ratio in the use of medications.

**Aim and objectives** To analyse the modifications that have been made to polymedicated patients' treatment after review.

**Material and methods** A cross sectional study was conducted in polymedicated patients (15 or more active prescriptions) selected in a health management area during December 2019. Reviews were carried out by primary care physicians who were previously sent lists with the identifying data of the assigned patients. The pharmacy service held sessions on the strategy to perform to carry out these reviews. Demographic data, associated pathologies and treatment modifications were collected. Deceased patients were excluded.

**Results** 626 patients were selected in the cross sectional study, 72.5% (454 patients) were reviewed and of these, 22 patients were excluded due to death. 38.4% (166) were men and 61.6% were women (266) with a mean age of 75 years. 55.1% were 75 years or older. Regarding associated pathologies, 91.4% had heart disease, 63.0% diabetes mellitus, 63.9% dyslipidaemia, 45.6% respiratory disease (asthma/COPD), 30.1% chronic kidney failure, 25.7% atrial fibrillation, 43.3% had a mental health episode and 10.6% were oncological. Regarding the number of active prescriptions, 371 patients (85.9%) had 15–19 prescriptions, 56 patients (13.0%) had 20–24, and 5 patients (1.2%) had more than 25 prescriptions. Modifications were made in 30.1% of patients: a drug was withdrawn in 87 (20.1%) patients because it was unnecessary, in 3 patients (0.7%) due to adverse effects, in 8 patients (1.9%) due to therapeutic duplication and in 6 (1.4%) due to drug interactions. 20 (4.6%) patients experienced a change in drug dose, 3 (0.7%) patients had the drug changed and 3 (0.7%) had a new drug added.

**Conclusion and relevance** Despite the low number of modifications made, review of polymedicated patients may be useful in our health management area. Most patients treated with more than 15 drugs are over 75 years of age with multiple pathologies, so reduction of prescriptions may help patient safety and improve adherence, which in turn may increase the efficiency of the sanitary system.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

### 5PSQ-193 PATIENT SAFETY IN MEDICATION DISPENSING PERFORMED BY PHARMACONOMISTS: A BEFORE AND AFTER STUDY

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**Background and importance** High patient safety is a top priority in healthcare systems worldwide. To secure high patient safety, previous research have focused on different medication concepts (eg, automatic medication dispensing, nurse led medication dispensing or self-administration by patients). However, resources are scarce and decision makers want the most 'value for money'. Therefore, hospital managers investigated the patient safety of medication dispensing performed by pharmaconomists (pharmacy technician with a 3 year degree (180 European credit transfer system points)) compared with nurses.

**Aim and objectives** To evaluate patient safety of ward level medication dispensing performed by pharmaconomists compared with nurse led medication dispensing.

**Material and methods** Medication dispensing by pharmaconomists was implemented at seven hospital wards in January 2020. The study was designed as a before and after study. The proportion of ward level dispensing errors was collected through disguised observation of nurses and pharmaconomists in the medicine room before and after implementation of pharmaconomist led medication dispensing. Before data (control group) stem from a PhD study (by the main author) at the same hospital. These data were collected in 2017–2018 by observing 37 nurses in one ward. After data (intervention group) were collected in March and June 2020. After data were collected in seven wards, to increase the number of pharmaconomists observed (9 instead of only 1) and thus increase generalisability. The collection of after data was performed over two periods due to COVID-19 restrictions at the hospital. A dispensing error was defined as a deviation between the prescription and the dispensed medication (eg, wrong dose). Opportunity for errors (OEs) was defined as any medication dispensed and any medication prescribed but not dispensed. Dispensing error proportion=(dispensing errors/OEs) × 100%.

**Results** In the control group (before data), 1028 OEs were observed, covering 120 patients. In the intervention group (after data), 1036 OEs were observed, covering 122 patients. The dispensing error proportion was 2.2% (95% CI 1.4 to 3.3%) in the intervention group (23 errors) compared with 12.8% (95% CI 10.9 to 15.0) in the control group (132 errors). The difference between groups was statistically significant (p=0.00).

**Conclusion and relevance** As pharmaconomists made fewer dispensing errors compared with nurse led medication dispensing, the results indicate high patient safety when medication is dispensed by pharmaconomists. Medication dispensing by pharmaconomists may therefore be a safe alternative to nurse led medication dispensing.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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### 5PSQ-194 MANAGEMENT OF EXPERIMENTAL HEALTH PRODUCTS IN HOSPITAL PHARMACIES: A NATIONAL SURVEY

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