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Session : **Appropriate prescribing in geriatrics. Poly-pharmacy.** (January 29, 2008)

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Pharmaceutical care (clinical pharmacist)

Older patients are the main users of drugs. Thus, they are among the most susceptible to adverse drug reactions. Drug related problems are frequently implicated in hospital admission in elderly subjects. Recently, the concept that pharmacist-led medication review is likely to have a positive impact on patients' health, has become widely accepted.

Pharmaceutical care is an activity focused on the increase of effectiveness of the pharmacotherapy. Its main objective is to ensure the most appropriate and safe use of medicines. In this activity the pharmacist uses their knowledge and skills related to pharmacology, pharmacotherapy, communication with other health care professionals and patients, in order to promote the effective use of medicines in hospitals and in primary care. It is believed that clinical pharmacist has the capacity e.g. to reduce medication errors, to increase patient's compliance in medication regime, to help with better chronic disease state management and to diminish the cost of patient care.

In the literature many studies have been taken to show that the medication review, done by clinical pharmacists in elderly individuals, can be very effective. According to them, general practitioners usually agreed with the most recommendations of pharmacists. Moreover, it was even shown that including pharmaceutical care in geriatric evaluation and management programs improved the appropriate use of medications during the hospital stay and after discharge.

Nevertheless, it must be stressed that, although many studies show that interventions improve the treatment measured as drugs overuse, misuse or underuse, it is much more difficult to show parallel decrease in disease burden or increase in health related quality of life, or even decrease in death rate. This is due to methodological difficulties which always interfere with the results of geriatric studies. The researchers have to be aware of them and try to cope with the limitations.

Short bibliography:

- 1) Raebel MA, Charles J, Dugan J et al. Randomized trial to improve prescribing safety in ambulatory elderly patients. *JAGS* 2007; 55(7): 977-985.
- 2) Spinewine A, Swine C, Dhillon SD et al. Effect of a collaborative approach on the quality of prescribing for geriatric inpatients: a randomized, controlled trial. *JAGS* 2007; 55(5): 658-665.
- 3) Murray MD, Young J, Hoke S et al. Pharmacist intervention to improve medication adherence in heart failure. *Ann Inter Med* 2007; 146(10): 714-725.

- 4) Sellors J, Kaczorowski J, Sellors C et al. A randomized controlled trial of a pharmacist consultation program for family physicians and their elderly patients. *CMAJ* 2003; 169(1): 17-22.
- 5) Krska J, Cromarty JA, Arris F et al. Pharmacist-led medication review in patients over 65: a randomized, controlled trials in primary care. *Age and Aging* 2001; 30: 205-211.