

## Formation complémentaire en pharmacie clinique

### Résumé du travail de certificat

Claudia Broggin

#### Can a hospitalization in a geriatric ward improve medication appropriateness?

C. Broggin<sup>1\*</sup>, M. Bruchez<sup>2</sup>, P.-A. Petignat<sup>3</sup>, V. Von Gunten<sup>1</sup>, J. Beney<sup>1</sup>

<sup>1</sup>Pharmacy, Institut Central des Hôpitaux Valaisans, Sion, <sup>2</sup>Geriatry, Centre Hospitalier du Centre du Valais, Sierre, <sup>3</sup>Internal medicine, Centre Hospitalier du Centre du Valais, Sion, Switzerland

#### ABSTRACT

**Background & Objective:** To determine the impact of a hospitalization in a geriatric ward and in an internal medicine ward on the appropriateness of medication in elderly patients.

**Design:** Retrospective chart review according to STOPP/START criteria, at admission and discharge from the ward.

**Setting:** Fifty randomly selected patients aged > 65 years discharged from a geriatric ward of a regional hospital.

**Main Outcome Measures:** Percentage of patients with at least one STOPP (indicating a potential inappropriate treatment) or START criterion (indicating an omission); mean number of STOPP or START criteria per patient. If patients were transferred from an internal medicine ward, the same outcomes were measured on admission and discharge from the medicine ward.

**Results:** The mean age of included patients was 84 years (range 69-97y), 78% were female. The percentage of patients with at least one STOPP or START criterion decreased from 86% (admission) to 72% (discharge) (difference: - 14 %, p = 0.039) and the mean number of STOPP or START criteria per patient decreased from 1.98 to 1.48 (difference: - 0.5, p=0.001).

Among the 50 patients included in the study, 34 were transferred from an internal medicine ward. No difference in the appropriateness criteria was found during their stay in the internal medicine ward (mean number of STOPP/START criteria: 2.24 at admission to 1.94 at discharge; difference: - 0.3, p= 0.128).

**Conclusions:** This study shows that a hospitalization in a geriatric ward can improve the appropriateness of drug treatments in elderly patients. Compared to internal medicine, the awareness of potentially inappropriate medication seems to be more important. The active promotion of STOPP/START criteria could help to improve the health literacy regarding drug prescription in the geriatric population.