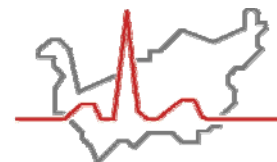


Can a hospitalization in a geriatric ward improve medication appropriateness?



Spital Wallis
Hôpital du Valais

C. Broggin ^{1,*}, M. Bruchez ², P.-A. Petignat ³, V. von Gunten ¹, J. Beney ¹

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

BACKGROUND AND OBJECTIVE

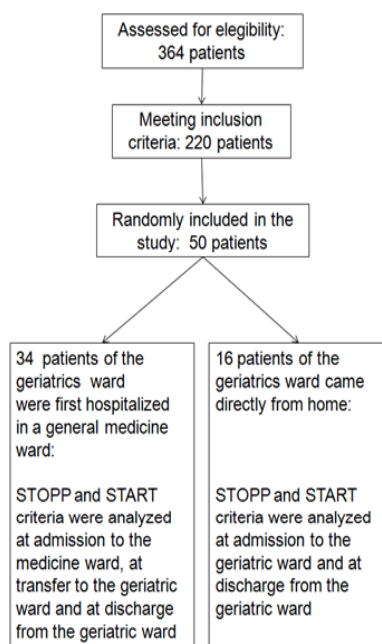
To determine the impact of a hospitalization in a geriatric ward and in an internal medicine ward on the appropriateness of medication in elderly patients.

DESIGN

Retrospective chart review according to STOPP/START criteria [1], at admission and discharge from the ward.

SETTING

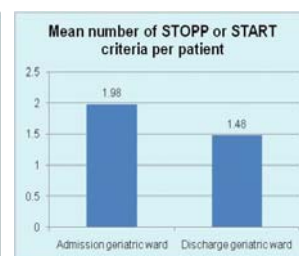
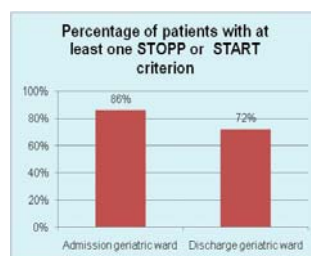
Fifty randomly selected patients aged > 65 years discharged from a geriatric ward of a regional hospital between January and December 2009.



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 the geriatric ward) to 72% (discharge from the geriatric ward) (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

- 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.

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.

REFERENCES

Gallagher P, Ryan C, Byrne S, Kennedy J, O'Mahony D. STOPP (Screening Tool of Older Person's Prescriptions) and START (Screening Tool to Alert doctors to Right Treatment). Consensus validation. *Int J Clin Pharmacol Ther.* 2008 Feb;46(2):72-83 .

This study has been realized during the author's post-graduate training programme in clinical pharmacy, partially founded by pharmaSuisse.