

Publication

Contribution of Patient Interviews as Part of a Comprehensive Approach to the Identification of Drug-Related Problems on Geriatric Wards

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Inappropriate prescribing is linked to increased risks for adverse drug reactions and hospitalisation. Combining explicit and implicit criteria of inappropriate prescribing with the information obtained in patient interviews seems beneficial with regard to the identification of drug-related problems (DRPs) in hospitalised patients.; We aimed to investigate the inclusion of pharmacist interviews as part of medication reviews (including the use of explicit and implicit criteria of inappropriate prescribing) to identify DRPs in older inpatients.; Clinical medication reviews were performed on geriatric and associated physical and neurological rehabilitation wards in a regional secondary care hospital. Data from electronic medical records, laboratory data, and current treatment regimens were complemented with a novel structured patient interview performed by a clinical pharmacist. The structured interview questioned patients on administration issues, prescribed medication, self-medication, and allergies. The reviews included the use of current treatment guidelines, the Medication Appropriateness Index, the Screening Tool of Older People's Prescriptions (STOPP, v2), and the Screening Tool to Alert to Right Treatment (START, v2). The potential relevance of the DRPs was estimated using the German version of the CLEO tool.; In 110 patients, 595 DRPs were identified, averaging 5.4 per patient (range 0-17). The structured interviews identified 249 DRPs (41.8%), of which 227 were not identified by any other source of information. The majority of DRPs (213/249, i.e. 85.5%) identified by patient interview were estimated to be of minor clinical relevance (i.e. limited adherence, knowledge, quality of life, or satisfaction).; We demonstrated that structured patient interviews identified additional DRPs that other sources did not identify. Embedded within a comprehensive approach, the structured patient interviews were needed as data resource for over one-third of all DRPs.

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