

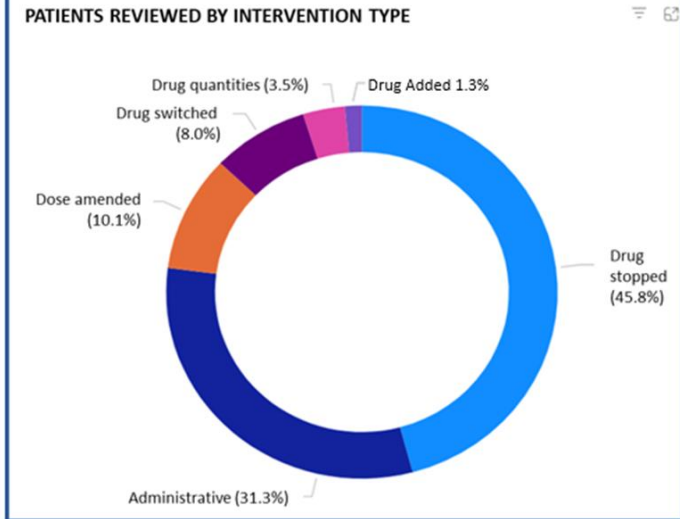
## 6 Goals for Urgent and Emergency Care- Pharmacist and Consultant Geriatrician Polypharmacy Medication Reviews in Care Homes

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**Introduction:** The World Health Organisation states that polypharmacy is a major global challenge<sup>[1]</sup>. Older people in care homes are at risk of harm with 91% taking 5 or more medications<sup>[2]</sup>. Pharmacists play an essential role in conducting medication reviews, identifying potential medicine related problems, and implementing appropriate interventions to optimise treatment.

**Method:** As part of a project for The Welsh Government Six Goals For Urgent and Emergency Care, Pharmacists in Swansea Bay University Health Board's Medicines Management Team (MMT) worked in collaboration with Consultant Geriatricians at Morriston Hospital to review and optimise care home residents' medication<sup>[3]</sup>. Polypharmacy reviews were conducted assessing falls risk medication, anticholinergic burden and appropriateness of medication. Pharmacists engaged with the care homes to complete holistic clinical reviews and collaborated with Consultant Geriatricians to review recommendations. Pharmacists then actioned interventions and supported ongoing monitoring, working closely with the care homes. A total of five care homes have been chosen for the project with an estimated 200 residents in total. In addition to medication reviews the MMT are working closely with care homes to provide clinical education to their staff on topics such as high risk medications, anxiolytics and hypnotics and urinary tract infections. The team are still undertaking these reviews and continuing with this project.

**Results:** To date, 79 residents, taking 855 medications in total, have been reviewed. 288 interventions have been identified averaging 3.6 interventions per resident. So far, 132 medications (15.4% of all medications reviewed) have been stopped; being identified as inappropriate or no longer required. 16.7% of these stopped medications were classed as medications that may increase the risk of falls. As a result of stopping inappropriate medication the data estimates that 5 adverse events have been avoided and 2 hospital admissions have been prevented as per STOPP/START criteria. In addition to safety measures, results from medication reviews have shown financial benefit through cost avoidance.



**Conclusion:** Problematic polypharmacy continues to be a significant challenge that needs to be addressed in care homes. Data collected thus far highlights that medication interventions can reduce adverse events and hospital admissions. The interventions identified in this cohort showcases the benefit of specialist older people polypharmacy reviews for care home residents. Potential future work includes expansion of clinical education on a national level for care home staff. The team endeavours to continue to provide holistic reviews for care home residents to reduce risk of harm from medication.

