

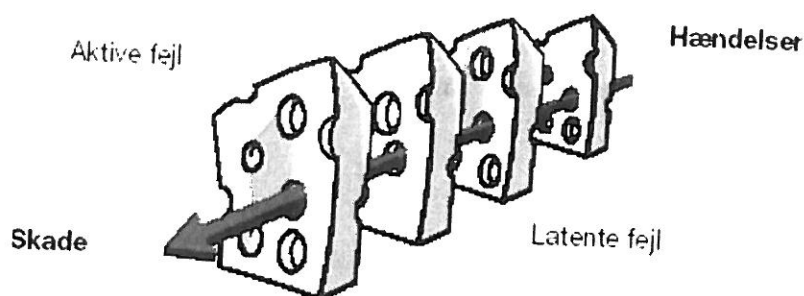


DET FARMACEUTISKE FAKULTET
KØBENHAVNS UNIVERSITET

Kandidatspeciale
ved Afdeling for Samfundsfarmaci

LÆGEMIDDELRELATEREDE PROBLEMER OG UOVERENSSTEMMELSER

- En dybdegående analyse af lægemiddelrelaterede problemer og uoverensstemmelser fra Medisam 2008



DRUGRELATED PROBLEMS AND DISCREPANCIES

- An in-depth analysis of drug related problems and discrepancies in Medisam 2008.

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ABSTRACT

Title: Drug related problems and discrepancies – An in-depth analysis of drug related problems and discrepancies in Medisam 2008.

Background: Danish studies have shown discrepancies between information from general practitioner and patients for 61 % to 79 % of the patients. These discrepancies could have clinical significance for patients and can therefore cause drug related problems (DRP). Several studies have shown an incidence of DRP for 43-44 % of the patients treated by a general practitioner. The Medisam project is an initiative to increase the quality and safety in drugtreatments which involves medication reconciliation and interviews of a specific group of patients.

Objective: The objective of this study is to conduct a more in-depth study of the patient in Medisam 2008's DRP and discrepancies. The association for gender, age and number of treated drugs and DRP or discrepancies will be studied so will the association between DRP and discrepancies. At last the severity and significance of the DRP and discrepancies will be investigated.

Method: Secondary analysis of data from Medisam 2008.

Results: 333 DRP and 810 discrepancies were found for 41 patients. *Inappropriate use by the patient* was the predominately type of DRP among the patients so were the discrepancy *discrepant dosing*. It was found that women experience most adverse effects compared to men. Treatment with 10-24 drugs increased the risk for *inappropriate use by the patient, overdosing, adverse affects, medication without indication* and the discrepancy *discrepant dosing*. Patients who have the discrepancy: *missing dosing*, experience *overdosing* but not *sub therapeutic dosing*. Furthermore did patients who informed extra drugs have more problems with *inappropriate use by the patient* and *adverse effects*. It was found that 66,7 % of the DRP had significance and 0,6 had a potential lethal outcome. 61,4 % and 33,3 % of the discrepancies had somewhat or no significance and 55,8 % and 27,3 % had minor or no error.

Conclusion: It can be concluded that the number of treated drugs increases the risk of experiencing DRP and some types of discrepancies. Patient with the discrepancy *extra informed drug* experiences more *adverse effects* and *inappropriate use by the patient*. From the classification of the significance and the severity it can be concluded that the presence of DRP and discrepancies do affect the patients and it is therefore important to solve the problem with discrepancies as well as the DRP.