The Quality of Prescribing for Psychiatric Patients

Sørensen, Ann Lykkegaard; Nielsen, Lars Peter; Poulsen, Birgitte Klindt; Lisby, Marianne; Mainz, Jan

Publication date:
2014

Document Version
Early version, also known as pre-print

Link to publication from Aalborg University

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain

Take down policy
If you believe that this document breaches copyright please contact us at vbn@aub.aau.dk providing details, and we will remove access to the work immediately and investigate your claim.
The Quality of Prescribing for Psychiatric Patients
- types of potentially inappropriate prescriptions and predictive factors

Soerensen AL1,2, Nielsen LP3,4, Poulsen BK3, Lisby M3,5, Mainz J6,7

1Danish Center for Healthcare Improvements, Faculty of Social Sciences and Faculty of Health Sciences, Aalborg University, Denmark; 2University College of Northern Denmark; 3Department of Clinical Pharmacology, Aarhus University Hospital, Aarhus, Denmark; 4Institute of Biomedicine, Aarhus University, Aarhus, 5Centre of Emergency Medicine Research, Aarhus University Hospital & Aarhus University, Aarhus, Denmark; 6Aalborg University Hospital, Psychiatry and 7Aalborg University, Aalborg, Denmark.

OBJECTIVES: Prescribing for adult psychiatric patients is often highly complex due to the nature of psychiatric conditions, but also due to somatic comorbidity. Therefore, the aim of this study was to identify prevalence and types of potential inappropriate prescribing (PIP), assess the severity of potential clinical consequences and identify possible predictive factors of PIP.

METHODS: The study was designed as a prospective study of PIP using medication reviews. Patients who were admitted during a 4 month period (August 2013 - November 2013) to a psychiatric university hospital were included. There were 219 eligible patients of which 12 were excluded (n=207)(Figure 1). The medication reviews, including an assessment of potential severity, were carried out by clinical pharmacologists after admission and after the attending physician had seen the patient. Frequencies and categories of PIP were analyzed in absolute numbers and as percentages (Figure 2). Severity of PIP was assessed using four categories. Logistic regression analysis was used to identify possible predictive factors of PIP.

DEFINITION: Potentially inappropriate prescribing is a practice that introduce a significant risk of an adverse drug-related event where there is evidence for an equally or more effective but lower-risk alternative therapy available for the same condition. Additionally, PIP includes the use of drug combinations with known drug-drug interactions, drug-disease interactions, over-dosing, use of drugs for longer time than clinically indicated, as well as lack of prescribing drugs that are clinically indicated (1,2)

RESULTS: The proportion of patients with one or more PIPs was 123/207 (59%). “Interaction between drugs” was the most common category for potentially serious and potentially fatal PIPs with 49/123(40%) and 32/45(71%), respectively. Of 32 identified potentially fatal drug-drug interactions, 15/32(47%) involved two or more antipsyhotic drugs and 12/32(37%) involved antipsychotic drugs in combination with antidepressants. The remaining 5/32 (16%) potentially fatal drug-drug interactions involved somatic drugs. After adjusting for age, gender, alcohol/substance abuse, number of prescriptions, number of somatic diagnoses and level of kidney function, only polypharmacy (>5 prescriptions) and somatic illness increased the odds for a PIP significantly; OR=4.25(95% CI:2.13–8.51), OR=2.13(95%CI: 1.07–5.19), respectively.

CONCLUSIONS: PIP is frequent and might have serious or fatal consequences. Special attention should be given to drug-drug interactions involving antipsychotics and antidepressants. Somatic illness and polypharmacy appear to be predictive factors of PIP. There is a pressing need to improve the quality in prescribing for psychiatric patients.

References:

Contact author: als@business.aau.dk