









## Meet the needs of elderly at primary care: Experience from Belgium

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Hanoi University of Pharmacy – 13th & 14th November 2017

## Needs of elderly at primary care

- ▶ Potentially Inappropriate Prescribing (PIP):
  - Highly prevalent among elderly
  - Major risk factors for Adverse Drug Reaction (ADR)
- ▶ Medicines are cause of preventable hospital admissions:
  - ▶ ± 5-20% of unplanned hospital admissions are drug-related & ± 50% is preventable
- Medication review could improve health outcomes
  - ▶ **Community pharmacist** has the **expertise**, **focus** and **opportunity** to do this

Res Social Adm Pharm. 2016 Aug 28. pii: S1551-7411(16)30362-X. doi: 10.1016/j.sapharm.2016.08.005. [Epub ahead of print]

Pharmacist-led medication review in <u>community settings:</u> An overview of systematic reviews.

 $\underline{\mathsf{Jokanovic}\,\mathsf{N}^1}, \underline{\mathsf{Tan}\,\mathsf{EC}^2}, \underline{\mathsf{Sudhakaran}\,\mathsf{S}^2}, \underline{\mathsf{Kirkpatrick}\,\mathsf{CM}^2}, \underline{\mathsf{Dooley}\,\mathsf{MJ}^3}, \underline{\mathsf{Ryan-Atwood}\,\mathsf{TE}^2}, \underline{\mathsf{Bell}\,\mathsf{JS}^4}.$ 

CONCLUSION: Moderate and high quality systematic reviews support the value of pharmacist-led medication review for a range of clinical outcomes. Further research including more rigorous cost analyses are required to determine the impact of pharmacist-led medication reviews on humanistic and economic outcomes. Future systematic reviews should consider the inclusion of both qualitative and quantitative studies to comprehensively evaluate medication review.

## Periodic screening for PIP?

In (Belgian) practice, several barriers for implementation of periodic screening for PIP by community pharmacist:

▶ Lack of interprofessional collaboration

→ Setting up a cooperation model

▶ Education / training of pharmacists

→ Capacity building

Education / training of pharmacists

→ Tools adapted to community pharmacy practice (GheOP³S-tool)

▶ Time ?

→ Financial model of community pharmacy

Budget ?

Perception of the pharmacist's role by patients / physicians / government / pharmacists