May 8th, 12:30 PM - 1:30 PM

Adverse Drug Events Post-Hospital Discharge in Older Patients: Types, Severity, and Involvement of Beers Criteria Medications

Abir O. Kanaan
University of Massachusetts Medical School

Jennifer L. Donovan
University of Massachusetts Medical School

Nerissa P. Duchin
University of Massachusetts Medical School

See next page for additional authors

Follow this and additional works at: https://escholarship.umassmed.edu/cts_retreat

Part of the Geriatrics Commons, Health Services Research Commons, Pharmacy and Pharmaceutical Sciences Commons, and the Translational Medical Research Commons

Kanaan, Abir O.; Donovan, Jennifer L.; Duchin, Nerissa P.; Field, Terry S.; Tjia, Jennifer; Cutrona, Sarah L.; Gagne, Shawn J.; Garber, Lawrence D.; Preusse, Peggy; Harrold, Leslie R.; and Gurwitz, Jerry H., "Adverse Drug Events Post-Hospital Discharge in Older Patients: Types, Severity, and Involvement of Beers Criteria Medications" (2013). UMass Center for Clinical and Translational Science Research Retreat. 42.
https://escholarship.umassmed.edu/cts_retreat/2013/posters/42

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Presenter Information
Abir O. Kanaan, Jennifer L. Donovan, Nerissa P. Duchin, Terry S. Field, Jennifer Tjia, Sarah L. Cutrona,
Shawn J. Gagne, Lawrence D. Garber, Peggy Preusse, Leslie R. Harrold, and Jerry H. Gurwitz

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.

This event is available at eScholarship@UMMS: https://escholarship.umassmed.edu/cts_retreat/2013/posters/42
Title: Adverse Drug Events Post-Hospital Discharge in Older Patients: Types, Severity, and Involvement of Beers Criteria Medications


Institutional affiliations: (1) MCPHS University, Worcester, MA; (2) Meyers Primary Care Institute, Worcester, MA; (3) University of Massachusetts Medical School, Worcester, MA

Contact information: Shawn Gagne, Meyers Primary Care Institute, 630 Plantation Street, Worcester, MA; Telephone, 508-791-739; Fax, 508-595-2200; shawn.gagne@meyersprimary.org

Abstract:

Objective: To characterize adverse drug events (ADEs) occurring within the high-risk 45-day period post-hospitalization in older adults.

Design: Clinical pharmacists reviewed the ambulatory records of 1000 consecutive discharges.

Setting: A large multispecialty group practice closely aligned with a Massachusetts-based health plan.

Participants: Hospitalized patients aged 65 years and older who were discharged to home. Measurements: Possible drug-related incidents occurring during the 45-day period post-hospitalization were identified and presented to a pair of physician-reviewers who classified incidents as to whether an ADE was present, whether the event was preventable, and the severity of the event. Medications implicated in ADEs were further characterized according to their inclusion in the 2012 Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.

Results: At least one ADE was identified during the 45-day period in 18.7% (187) of the 1000 discharges. Of the 242 ADEs identified, 35% (n=84) were deemed preventable, of which 32% (n=27) were characterized as serious, and 5% (n=4) as life threatening. Over half of all ADEs occurred within the first 14 days post-hospitalization. The percentage of ADEs in which Beers Criteria medications were implicated was 16.5% (n=40). Beers Criteria medications with both a high quality of evidence and strong strength of recommendation were implicated in 6.6% (n=16) of the ADEs.

Conclusion: ADEs are common and often preventable among older adults following hospital discharge, underscoring the need to address medication safety during this high-risk period in this vulnerable population. Beers Criteria medications played a small role in these events suggesting that efforts to improve the quality and safety of medication use during this critical transition period must extend beyond a singular focus on Beers criteria medications.