

Drug and non-drug conciliation with patient-course process in chronic pain consultation

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Background: In order to implement a prevention of the iatrogenic risk associated with analgesic and ensure a continuity of the course of care in the management of pain, experience in drug and non-drug conciliation was initiated at the consultations pain chronic of the Centre Hospitalier de Narbonne (France) by a pharmacist, a doctor and a nurse. Conciliation is an interactive and multi-professional approach which, in addition to secure the requirements by preventing errors, promotes the transfer of information between health actors and opportunity to strengthen the city-hospital link.

Objectives: Four objectives were investigated: secure drug and non-drug pain management in chronic pain consultations until home, coordinate hospital and city professionals, educate patient and evaluate conciliation by indicators.

Methodology: Prospective monocentric study was performed by proactive conciliation of drug and non-drug prescriptions including clinical pharmacist, doctor, the pain-nurse at the hospital; doctor and pharmacist, in the city.

Results: 25 adult patients were included for two months. Conciliation and intentional divergences were assessed by nine indicators: CM1: eligible patients/total patients (25/25); CM2: patients with serious medication error/conciliated patients (1/25); CM3: non-observant patients/conciliated patients (14/25); CM4: patients with adverse drug reactions/conciliated patients (13/25); CM5: patients with drug treatment optimization (9/25). CM6: patients with non-drug treatment optimization (20/25); CM7: opioids information/concerned patients (7/7). CM8: satisfied patients/conciliated patients (25/25); and CM9: information/city pharmacist (9/9).

Conclusion: Objectives were at 59 (n)4 ion: