



# Mesure d'impact OPTIMEDOC

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OMÉDIT Moi Tout!  
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# Objectifs

- Principal :
  - Evaluer l'impact du programme OPTIMEDOC sur le **nombre de médicaments prescrits**
- Secondaires :
  - Evaluer l'impact du programme OPTIMEDOC sur la **prévalence de la polymédication et de la polymédication excessive**
  - Evaluer l'impact du programme OPTIMEDOC sur le **nombre de médicaments potentiellement inappropriés (MPI)**
  - **Décrire les interventions thérapeutiques** réalisées et leur taux d'acceptation.

# Méthode

Etude rétrospective multicentrique descriptive menée au sein de huit hôpitaux Normands.

## Inclusions :

- Tous les patients ayant bénéficié du parcours patient OPTIMEDOC du 01/04/2022 au 28/02/2023

## Extraction des données :

- BIMEDOC®

## Médicaments potentiellement inappropriés :

- Tableau 3 de la liste REMEDI<sup>ES</sup> « unfavourable risk/benefit ratio and/or questionable efficacy”
  - Exemples : antihistaminiques de 1ère génération, Nefopam, antidépresseurs tricycliques ...

Roux B, Berthou-Contreras J, Beuscart JB, Charenton-Blavignac M, Doucet J, Fournier JP, et al. REview of potentially inappropriate MEDication pr[e]scribing in Seniors (REMEDI[e]S): French implicit and explicit criteria. Eur J Clin Pharmacol. nov 2021;77(11):1713-24.

## Statistiques:

- Les données thérapeutiques avant et après l'optimisation thérapeutique ont été comparées à l'aide d'un **test de Wilcoxon de comparaison des différences de moyennes sur échantillons appariés**.

# Résultats

**Table 1.** Baseline characteristics of the population.

Characteristics	Overall [n=575]
Age; in years	86.8 ± 5.5
<b>Gender</b>	
<i>Female</i>	351 (61.0)
<i>Male</i>	224 (39.0)
<b>BADL</b> ; before admission	4.3 ± 1.6
<i>Missing data</i>	257
<b>History of falls</b> ; (≤ 12 months)	
<i>Yes</i>	222 (62.2)
<i>No</i>	135 (37.8)
<i>Missing data</i>	218
<b>Nutritional status</b>	
<i>No malnutrition</i>	165 (54.3)
<i>Malnutrition</i>	113 (37.2)
<i>Severe malnutrition</i>	26 (8.5)
<i>Missing data</i>	271

Results are presented as mean ± sd and n (%) unless otherwise specified.

BADL: basic activities of daily living

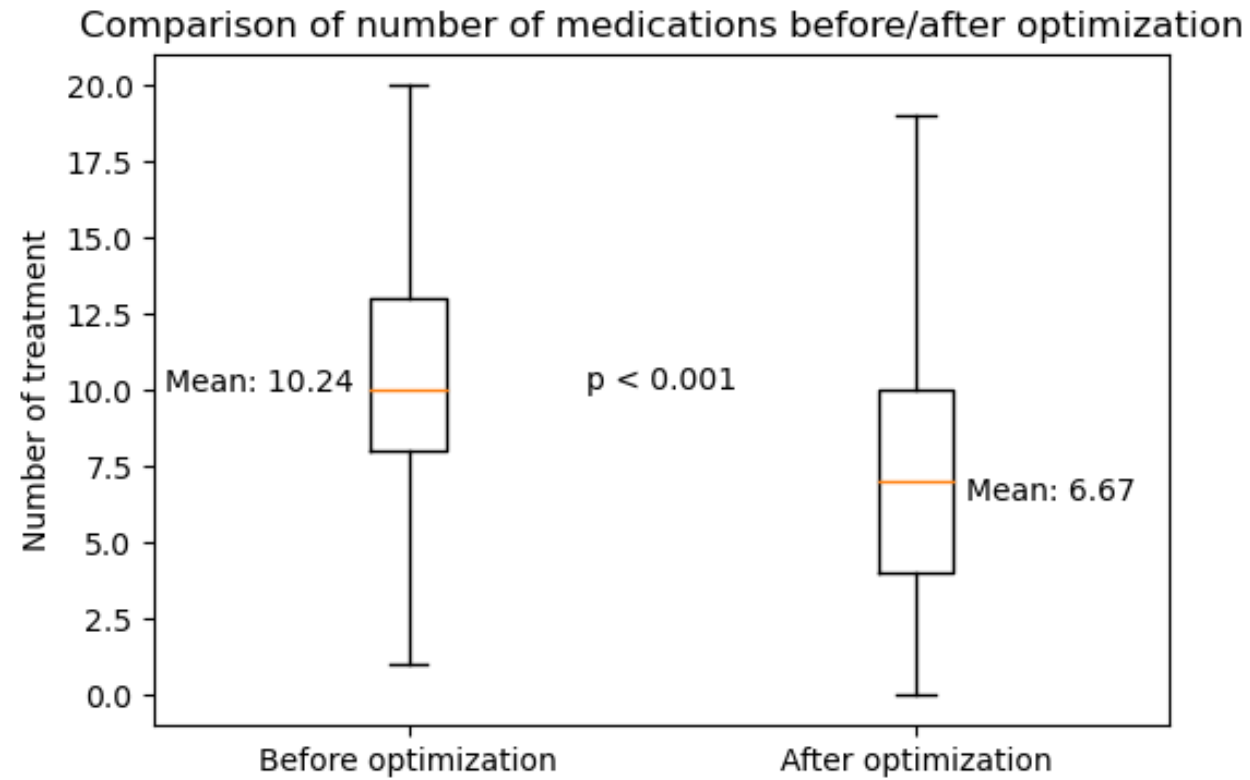
**Table 2.** Home treatment management of the population.

Characteristics	Overall [n=575]
<b>Treatment delivery</b>	
<i>Patients</i>	100 (27.0)
<i>Caregivers</i>	190 (51.4)
<i>Nurses</i>	81 (21.6)
<i>Missing data</i>	204
<b>Treatment preparation</b>	
<i>Patients</i>	95 (25.0)
<i>Patients with pill box</i>	44 (11.6)
<i>Caregivers with pill box</i>	46 (12.1)
<i>Caregivers</i>	27 (7.1)
<i>Nurse with pill box</i>	127 (33.4)
<i>Nurse</i>	41 (10.8)
<i>Missing data</i>	195
<b>Treatment administration</b>	
<i>Patients</i>	239 (63.6)
<i>Caregivers</i>	47 (12.5)
<i>Nurses</i>	90 (23.9)
<i>Missing data</i>	199

Results are presented as mean ± sd and n (%) unless otherwise specified.

# Résultats

**Figure A.** Impact of the OPTIMEDOC program on the number of prescribed medications.



# Résultats

**Table 3.** Outcomes from OPTIMEDOC program.

	Before optimization [n=575]	After optimization [n=575]	p-value
Number of medications	10.2 ± 4.0	6.7 ± 4.2	p < 0.001**
Polypharmacy			p < 0.001†
<i>None; &lt; 5</i>	33 (5.7)	163 (28.3)	
<i>Polypharmacy; [5; 9]</i>	215 (37.4)	263 (45.7)	
<i>Excessive polypharmacy; ≥ 10</i>	327 (56.9)	149 (26.0)	
Number of PIMs	0.7 ± 1.0	0.4 ± 0.6	p < 0.001**
Patients with ≥ 1 PIMs	283 (49.2)	167 (29.0)	p < 0.001*

Results are presented as mean ± sd and n (%) unless otherwise specified  
PIMs : Potentially Inappropriate Medications  
†Wilcoxon signed-rank test  
\*\*Paired Student's t-test  
\*McNemar test

# Résultats

**Table 4.** Details of PIMs stopped during the OPTIMEDOC program.

Potentially inappropriate medication according to REMEDI[e]S		Before optimization [n = 378]	After optimization [n = 202]	Number of discontinued* [n = 176]
B/R6	Imipraminic antidepressants	122 (32.3)	63 (31.2)	59 (48.4)
B/R3	First step analgesics	75 (19.8)	37 (18.3)	38 (50.7)
B/R22	Antiplatelet agents	53 (14.0)	36 (17.8)	17 (32.1)
B/R35	Long-acting anxiolytic benzodiazepines	23 (6.1)	11 (5.4)	12 (52.2)
B/R10	Anxiolytics	14 (3.7)	4 (2.0)	10 (71.4)
B/R17	Immediate-release calcium channel blockers	25 (6.6)	15 (7.4)	10 (40.0)
B/R29	Antidiarrheals	10 (2.6)	2 (1.0)	8 (80.0)
B/R13	Urinary antispasmodics	16 (4.2)	10 (5.0)	6 (37.5)
B/R14	Anti-anginal	8 (2.1)	4 (2.0)	4 (50.0)
B/R27	Glinides	8 (2.1)	5 (2.5)	3 (37.5)
B/R39	5-alpha reductase inhibitors	10 (2.6)	8 (4.0)	2 (20.0)
B/R38	Cerebral vasodilators	3 (0.8)	1 (0.5)	2 (66.7)
B/R23	Veinotonics	4 (1.1)	2 (1.0)	2 (50.0)
B/R31	Antiulcer agents	2 (0.5)	1 (0.5)	1 (100.0)
B/R26	Hypoglycemic sulfonamides	1 (0.3)	0 (0.0)	1 (100.0)
B/R15	Antihypertensive drugs with central action	1 (0.3)	0 (0.0)	1 (100.0)
B/R9	Antivertigo agents	1 (0.3)	1 (0.5)	0 (0.0)
B/R25	Muscle relaxants	1 (0.3)	1 (0.5)	0 (0.0)
B/R16	Antihypertensive peripheral agents (alpha-1 blockers)	1 (0.3)	1 (0.5)	0 (0.0)

Results are presented as n (%) unless otherwise specified.

\*Results for the variable Number of discontinued PIMs are presented as n, relative % decrease

B/R: unfavorable benefit-risk ratio and/or questionable effectiveness according to REMEDI[e]S criteria

# Résultats

**Table 5.** Acceptance rate of pharmaceutical recommendations

Categories	Pharmaceutical Recommendations [n <sup>†</sup> = 6645]	Acceptance rate
<b>Total</b>	<b>5,384 (81.0)</b>	<b>4,660 (86.6)*</b>
Continue	2,812 (42.3)	2,722 (96.8)
Stop	1,270 (19.1)	1,126 (88.7)
Modified	1,011 (15.2)	812 (80.3)
<i>Switch</i>	312	-
<i>Increase of dosage</i>	3	-
<i>Decrease of dosage</i>	497	-
Other	291(4.4)	<i>missing data</i>
None	1,261 (19.0)	N/A

Results are presented as n (%) unless otherwise specified.

N/A : Not applicable

<sup>†</sup> Number of therapeutic lines analysed by hospital pharmacists

\*As the acceptance rate for the "Other" category cannot be calculated, the number of pharmaceutical recommendations retained is the worst for this category (0)



# Discussion

- Le parcours permet de :
  - Diminuer le nombre de médicaments prescrits
  - Diminuer la polymédication et la polymédication excessive
  - Diminuer la prescription de MPI.

Le taux d'acceptation des proposition est élevé : 86,6%.

# Discussion

- Limites de l'étude :
  - Pas de population contrôle
  - Pas de données de suivi
  - Absence de critère de jugement clinique (réhospit, mortalité...)
- Forces de l'étude:
  - Multicentrique sur 8 centres
  - 575 patients inclus
  - Tient compte de critères de jugement quantitatifs et qualitatifs (MPI)