



IMPACT OF PHARMACIST CONDUCTED PHONE EDUCATION ON REDUCTION OF EMERGENCY ROOM ADMISSIONS IN ELDERLY VETERANS RELATED TO NEW TRICYCLIC ANTIDEPRESSANT AND PAROXETINE USE



Lauren Sudhoff, PharmD PGY-1 Pharmacy Practice Resident; Michelle Twitty, PharmD, BCPP; Lauri Witt, PharmD, BCACP
Kansas City Veterans Affairs Medical Center

INTRODUCTION

- The office of the Inspector General (OIG) completed an unannounced visit to The Kansas City Veterans Affairs (KCVA) Medical Center in April 2019 to evaluate the "...quality of care delivered in the inpatient and outpatient settings..."
- A clinical area of focus "spotlighted antidepressant use for elderly Veterans," and primarily focused on Veterans newly prescribed tricyclic antidepressants (TCAs) or paroxetine.
- The OIG recommended at least 90% compliance for six consecutive months for providing education regarding "safe and effective use of medications" and completion of medication reconciliations.
- Elderly patients are at increased risk for anticholinergic side effects and their use can lead to preventable emergency room admissions

OUTCOMES

PRIMARY OUTCOME

- Percentage of emergency room (ER) visits related to common side effects from TCAs or paroxetine 30 days after initiation

SECONDARY OUTCOME

- Percentage of reported side effects related to TCAs or paroxetine

SUBGROUP ANALYSIS

- Side effects reported
- Number of therapies changed after PharmD recommendations
- Number of medication reconciliations performed
- Percentage of telephone contacts completed within 7 days of initiation
- Number of prolonged QTc intervals

METHODS

STUDY PERIOD

- Pre-Intervention: September 01, 2020-December 01, 2020
- Intervention Period: January 01, 2021-March 01, 2021

STUDY DESIGN

- Single center, non-randomized, IRB exempt, quality improvement project
- Outcomes analyzed using descriptive statistics
- Utilized "Geriatric Patients Newly Prescribed Tricyclic Antidepressants or Paroxetine with Follow up" dashboard

INCLUSION CRITERIA

- Veterans 65 years of age and older
- New start on TCAs or paroxetine within intervention period

EXCLUSION CRITERIA

- Traveling Veterans
- New Medication Intake Veterans
- Change in TCA medications

PHARMACIST INTERVENTIONS

- Completed phone visits within 7 days of starting medication
- Assessed for drug-interactions, QTc interval, and anticholinergic side effects
- Completed medication reconciliations and alerted providers regarding discrepancies
- Provided non-pharmacological education
- Counseled regarding common side effects of medication, how to manage side effects, when to contact provider regarding side effects, and importance of adherence to medication regimen and to not abruptly discontinue treatment
- Alerted provider regarding side effects, non-pharmacological counseling provided, and to consider alternate treatment options as appropriate if side effects were bothersome to the Veteran

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MAJOR DEPRESSIVE DISORDER / ANXIETY/NEUROPATHIC PAIN Regimen:
-Current (Major Depressive Disorder, Anxiety, Neuropathic Pain) Regimen:
  > Medication:
  > Indication:
  > Dosage:
  > Treatment start:

-Adherence:
  > In the last week, Veteran reports missing dose(s)
  > In the last month, Veteran reports missing dose(s)

- Increased tiredness: ( )
- Dry mouth: ( )
- Dry eyes: ( )
- Constipation: ( )
- Not remembering things as well: ( )
- Decreased urine/trips to the bathroom/increased accidents of not making getting to bathroom in time: ( )
- Lightheadedness/dizziness when moving from sitting to standing, lying to sitting positions: ( )
- Falls: ( )
- Racing heart rate: ( )

MED REC:
- Medication reconciliation was/was not completed prior to initiation of TCA/paroxetine

QTc:
- Medications that prolong QTc:

Significant Drug-Drug Interactions per UpToDate related to initiation:
    
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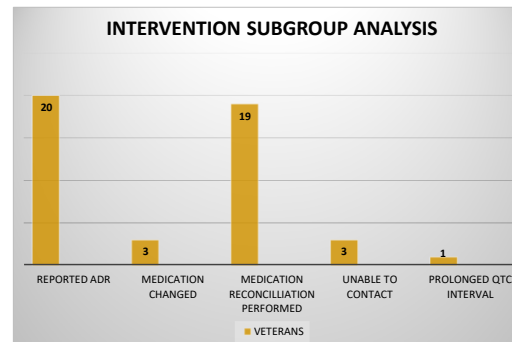
RESULTS

PRE-INTERVENTION

OUTCOME	NUMBER OF VETERANS (%)
Newly prescribed TCAs or paroxetine	29
ER visits likely related to TCA or paroxetine use	2 (6.89)
Discontinuation of medication	2 (6.89)

INTERVENTION

OUTCOME	NUMBER OF VETERANS (%)
Newly prescribed TCAs or paroxetine	26
Excluded from Results	3
Unable to Contact	3
ER visits likely related to TCA or paroxetine use	0 (0)
Discontinuation of medication	3 (13)



CONCLUSIONS

- Complete results anticipated by Spring 2021
- The authors hypothesize:
 - Reduction in ER visits when PharmD conducted telephone calls within 7 days of TCA or paroxetine initiation
 - Increased reporting of side effects related to TCA or paroxetine use in elderly Veterans after PharmD interventions.
 - Increased discontinuation of TCAs or paroxetine in elderly Veterans after PharmD intervention.

FUTURE IMPACT

- The authors anticipate:
 - Increased PharmD consultation regarding TCA or paroxetine use in elderly Veterans which will lead to fewer ER visits related to anticholinergic side effects.
 - Increased education regarding TCA or paroxetine side effects in elderly Veterans at medication initiation.
 - Non-pharmacological treatment education at medication initiation.

REFERENCES

- OIG Comprehensive Healthcare Inspection Program (CHIP) Review Guide: Long-Term Care- Use of Antidepressants Among the Elderly October 2018
- American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, J Am Geriatric Society 63:2227-2246, 2015.

CONTACT INFORMATION

Lauren Sudhoff, PharmD
PGY-1 Pharmacy Practice Resident
Lauren.Sudhoff@va.gov

AUTHOR DISCLOSURE

The authors declare no conflicts of interest