11322670.txt

Subject: cardiovascular diseases / cancer / autism / other

A pharmacy discharge plan for hospitalized P: Age elderly P: Age patients--a randomized controlled trial.

OBJECTIVES to investigate the effectiveness of a pharmacy discharge plan in elderly P: Age hospitalized P: Age patients.

DESIGN randomized controlled trial.

SUBJECTS AND SETTINGS we randomized patients aged P: Age 75 P: Age years P: Age and P: Age older P: Age on four or more medicines who had been discharged from three acute general and one long-stay hospital to a pharmacy I: Educational intervention I: Educational or I: Educational usual I: Control care I: Control .

INTERVENTIONS the hospital pharmacist developed discharge plans which gave details of medication and support required by the patient. A copy was given to the patient and to all relevant professionals and carers. This was followed by a domiciliary I: Physical assessment I: Physical by a community pharmacist. In the control group, patients were discharged from hospital following standard procedures that included a discharge I: Educational letter I: Educational to I: Educational the general practitioner listing current medications.

OUTCOMES the primary outcome was re-admission to hospital within 6 months. Secondary outcomes included the number O: Mortality of O: Mortality deaths O: Mortality , attendance at hospital outpatient clinics and general practice and proportion of days in hospital over the follow-up period, together with patients' general well-being, satisfaction O: Other with the service and knowledge of and adherence O: Mental to prescribed medication.

RESULTS we recruited 362 P: Sample size patients, of whom 181 P: Sample size were randomized to each group. We collected hospital and general practice data on at least 91 and 72% of patients respectively at each follow-up point and interviewed between 43 and 90% of the study subjects. There were no significant differences between the groups in the proportion of patients re-admitted to hospital between baseline and 3 months or 3 and 6 months. There were no significant differences in any of the secondary outcomes.

CONCLUSIONS we found no evidence to suggest that the co-ordinated hospital and community pharmacy care discharge plans in elderly P: Age patients in this study influence outcomes.