Results Cont’d

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Study Population: Completed the interview or returned to the hospital (Emergency Department or were readmitted) within 3-4 weeks of the index hospitalization without completing the interview.

Excluded: Voluntarily withdrew (WD) from study, became ineligible (IE) at time of discharge, or were lost to follow up (LTF).

Fully Adjudicated: Cases reviewed by the physicians and were categorized as having an AE or not. It also includes cases that were determined by the study nurses to not have a possible AE. These cases went under a secondary review. Some were referred to a physician to review, if they met criteria on the basis of outpatient records.

AEs: Adverse Events.

Prev: Preventable AEs - an injury that could have been avoided as a result of an error or system design.

Amel: Ameliorable AEs - an injury whose severity or duration could have been substantially reduced if different actions or procedures were performed or followed.

Cases with No AEs: Cases that were adjudicated as negative for AEs by the physicians and were not flagged for having a possible AE by nurses.

Conclusions

1. Preliminary data suggest a 30-day post-discharge AE and ADE rate comparable to previous studies, 1/3 preventable and 1/3 ameliorable.

2. AE rates were slightly higher for the oldest old (75+) when compared to younger patients.

3. The vast majority of all patients with AEs were seen within 30 days of discharge.

4. As in other studies, ADEs are the most common type of AEs. Drug classes do not differ by age.

5. Approximately 1 in 4 patients with AEs experience major effects on ADLs independent of age.

6. The overall percentage of Beers list drugs involved in ADEs is small (<10%), even in the oldest old >75.

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Implications

1. Young and older patients experience ADEs at similar rates. This raises the question of comorbidity burden.

2. Strategies supplementing Beers criteria are needed to identify the majority of potential adverse drug events.

3. Analysis is needed in patients with AEs to determine what factors are associated with impact on daily activities.

References


