

ASSESSMENT OF CLINICAL PRACTICES FOR CRUSHING MEDICATION IN GERIATRIC UNITS

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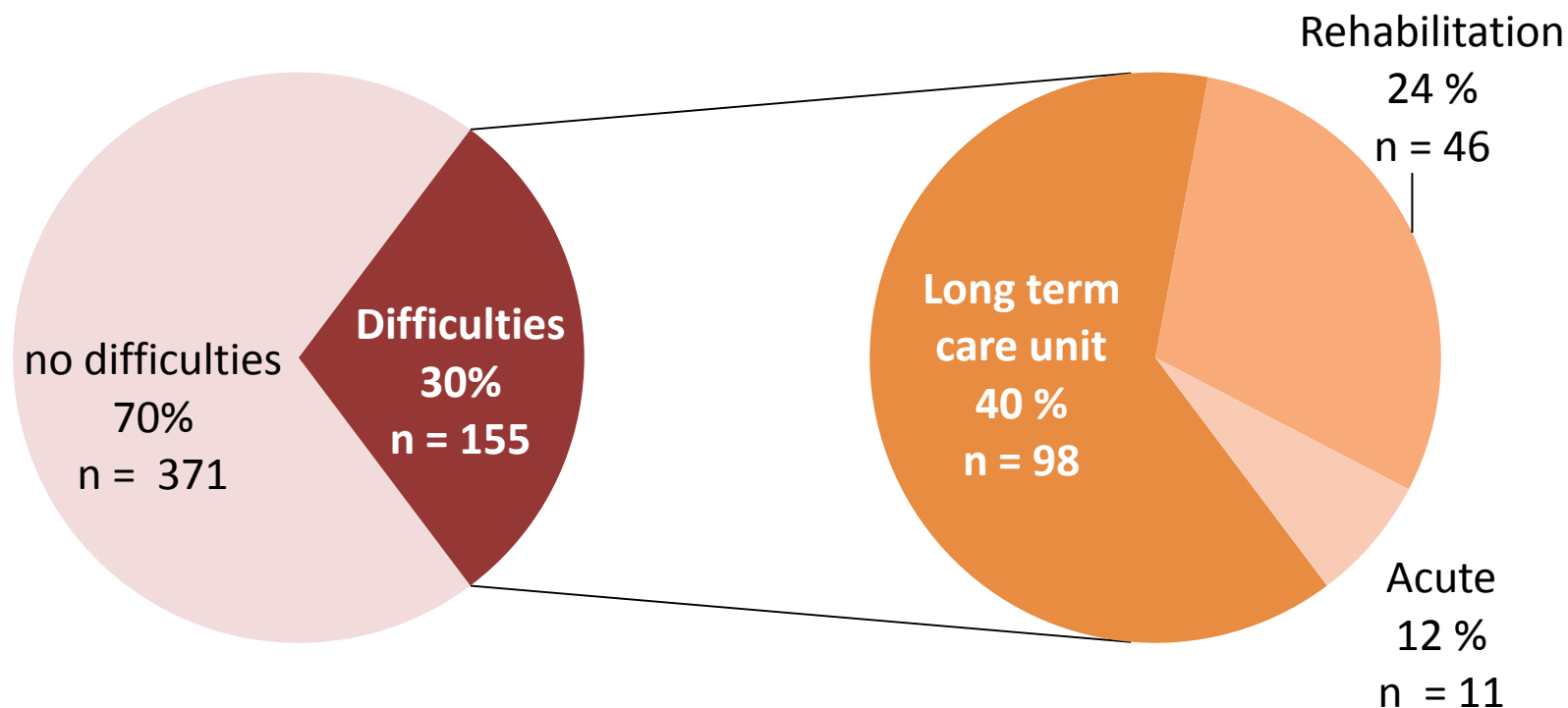
CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report

- **Dysphagia** among elderly patients
 - **Crushing** tablets and **opening** capsules
- ➔ Potential **iatrogenic** risk
- Assessment of **daily practices** in geriatric units

- 3 Southern Paris Hospitals
- **17 geriatric units (526 patients)**
 - long term, rehabilitation, acute care
- Survey over a day

Prevalence of dysphagia



Prevalence of form modification

143 prescriptions studied

72,7% UNSAFE

n = 104

At least 1 medication who
shouldn't be modified

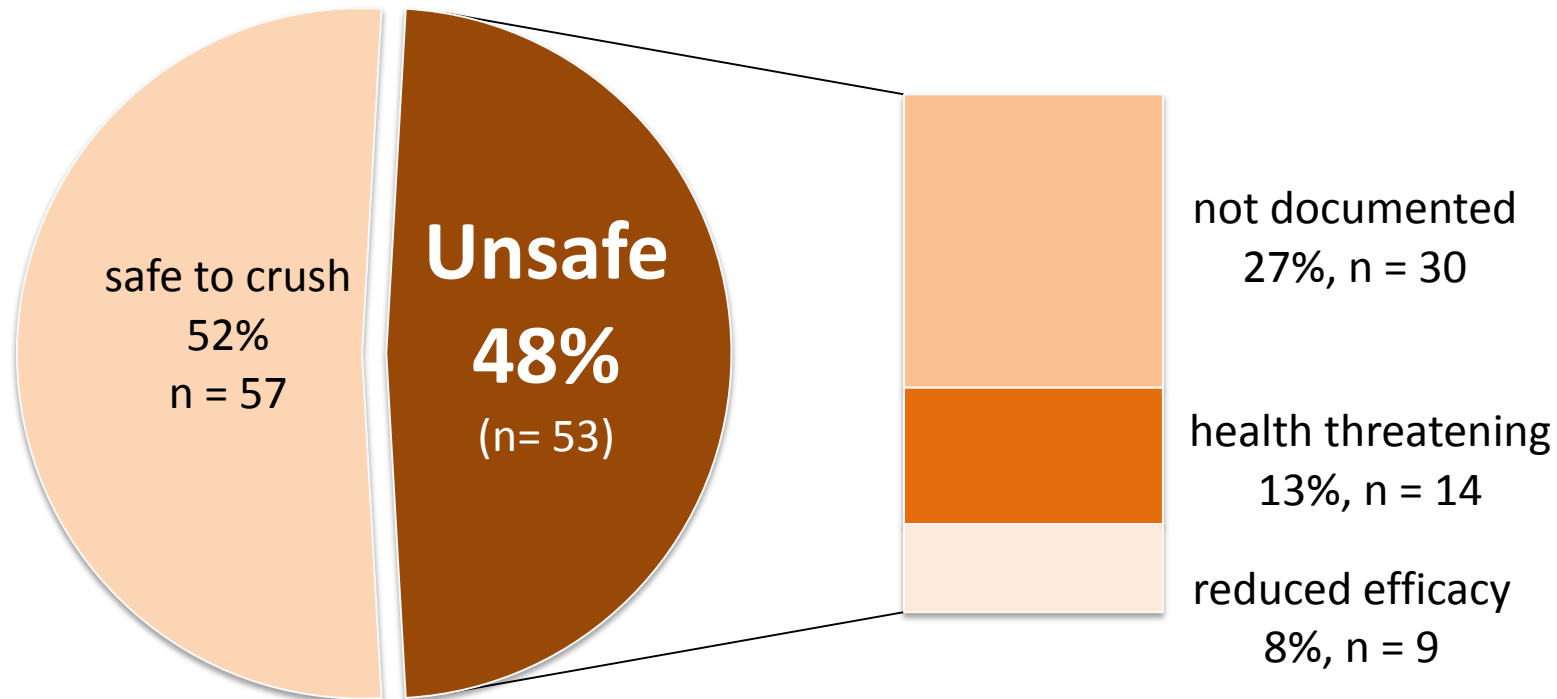
27,3%

n = 39

full
conformity

Potential consequences

110 drugs prescribed and modified



Known risks

A circular icon containing the letters 'SR' in a bold, sans-serif font, representing Sustained Release.

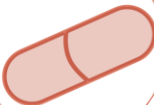
SR

Overdose

A circular icon containing the word 'COATED' in a bold, sans-serif font, with a diagonal slash over a pill shape, representing a coated tablet.

COATED

Mucosal irritation, Reduced efficacy

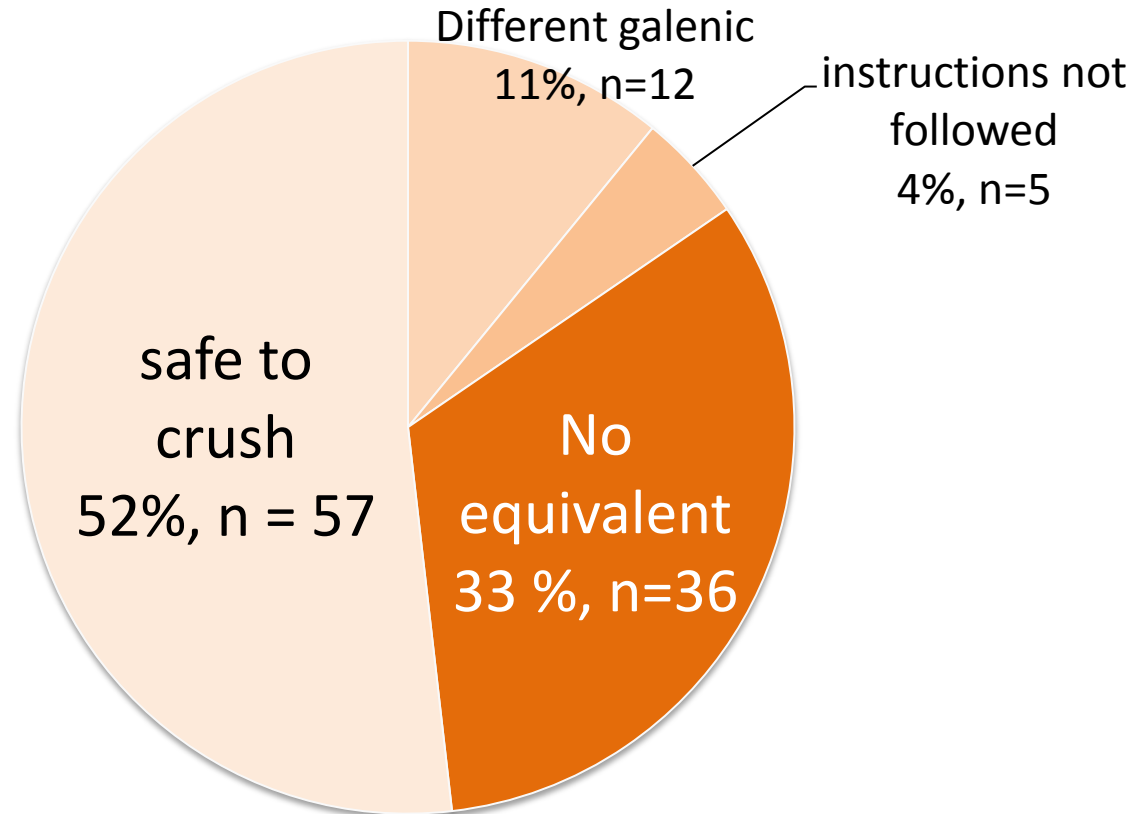


Unpalatable taste, Reduced efficacy

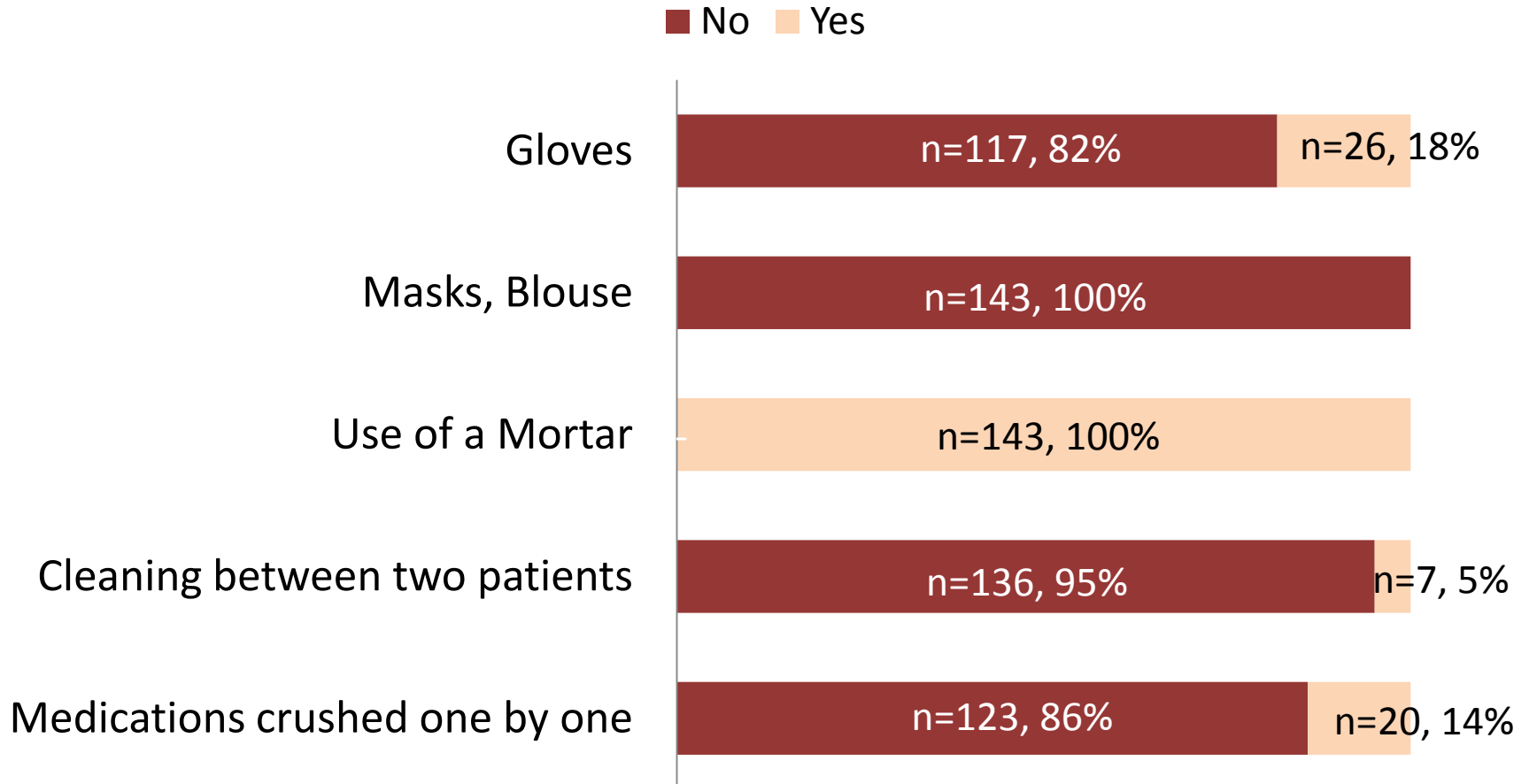


Teratogenic, Carcinogenic

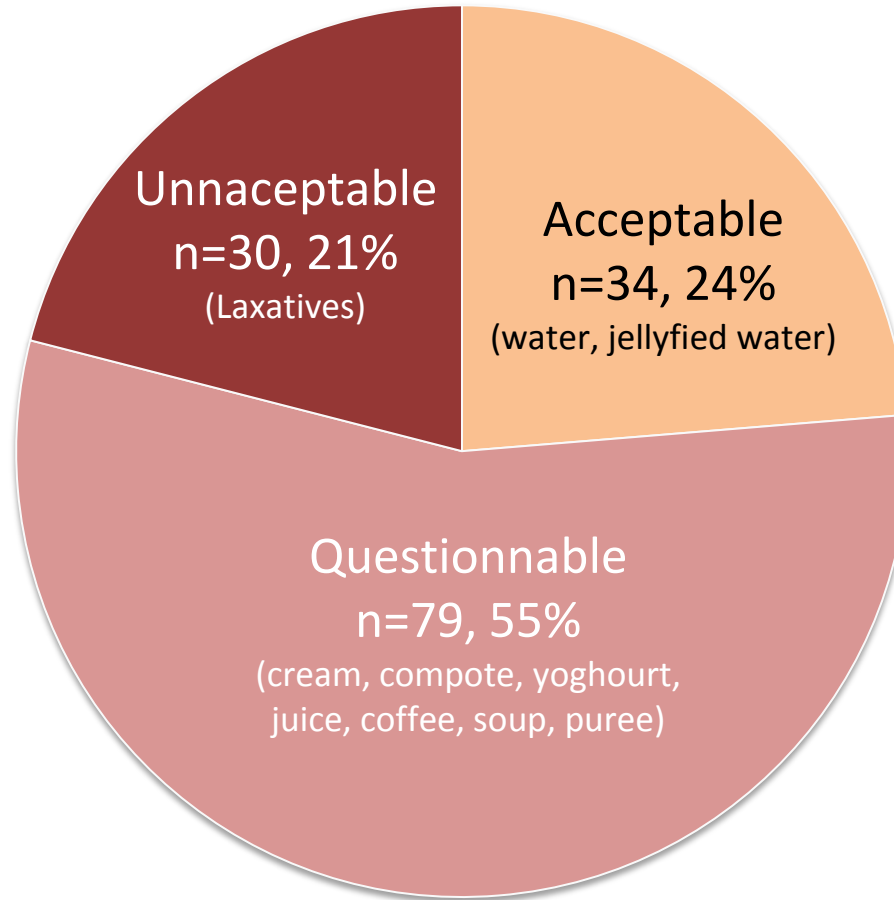
Possibility for substitution



Hygiene and Security



Methods of administration



- **30%** of our patients suffers from dysphagia
- Crushing medication can be **harmful** for staff/patients

High prevalence

- Geriatric **assessment**
- **Crushing medication lists (OMEDIT)**



Prescriptions
error

- specific notes in **prescriptions app**



Dangerous
practices

- Staff **training**
- **specific crushing devices**



Lack of
alternatives

- Studies
- different **galenic forms**



2 simple rules

- Is this drug really necessary ?
- Switch to a more suitable form in the same therapeutic class

Thank you