Psychotropic prescription patterns for inpatients with schizophrenia: 10-year comparison in a university-affiliated Hospital in South Korea

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Objective: The literature on the prescription change among patients with schizophrenia from real-world setting is scarce. And most of studies investigated only antipsychotic use. Given the polypharmacy is a routine process in clinical practice, we examined the patterns of all psychotropic medications from a psychiatric inpatient unit of university-affiliated hospital.

Methods: All admission records at a psychiatric unit of Hanyang University Guri Hospital with discharge diagnoses of schizophrenia during two different five-year time frames (1997-2000 and 2006-2010) were reviewed. We investigated the socio-demographic and clinical data and discharge medications. The data were gathered from a total of 207 patients (95 in 1990's and 112 in 2000's).

Results: The frequency in use of atypical anti-psychotics (98.2% vs 62.1%, chi square=44.7, p<0.01), anti-depressants (8.9% vs. 1.1%, chi square=6.3, p<0.05), beta-blockers (33.0% vs. 15.8%, chi square=8.1, p<0.01), and benzodiazepine (41.1% vs. 20.0%, chi square=10.6, p<0.01) were significantly higher in 2000's. Anticholinergic drugs were less likely used in 2000's (58.9% vs. 76.8%, chi square=7.5, p<0.01). We did not find significant differences in the equivalent dose of antipsychotic drugs, the use of mood stabilizers and cholinergic drugs between two time frames.

Conclusion: Increased proportion of atypical antipsychotics and decreased use of anti-parkinsonian drugs are in line with literature. And our results show that more diverse classes of psychotic medications are used for schizophrenia in recent years. It is likely that psychiatrists are becoming more conscious of negative symptoms, anxiety, and depression as well as positive symptom of schizophrenia.

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Perspectives of healthcare professionals on reasons of medication errors occurrence: A cross-sectional study

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Background: Patient safety is a central concern of current health-care delivery systems, and several recent studies initiated by the Institute of Medicine have reported the high incidence of Medication Errors (MEs). Unfortunately, identification and reporting are often far less than complete. The objective was to evaluate healthcare professionals’ perspective on reasons of MEs occurrence and what are the most common reasons for under reporting them at King Abdulaziz Medical City (KAMC) in Riyadh.

Method: Cross-sectional study was conducted at KAMC in Riyadh. Two self-administered paper-based surveys were used to collect information.

Result: The response rate was 82%; the study cohort was composed of 62 (42.18%) pharmacists, 45 (30.61%) physicians, and 40 (27.21%) nurses. Healthcare Professionals Perception towards Contributing Factors of MEs Occurrence results showed a significant difference in the perception of healthcare professionals (physicians, pharmacists, and nurses) with respect to the underlying factors of MEs. The main differences were limited to the interruption while writing the order, clarity of physicians order, caring for many patients using same medications, no double checking of the doses, double checking is not efficient (p=<0.0001), lack of information about medication (p=0.0007), hospital computer system (p=0.0004), and knowledge of allergies (p=0.018).

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