

The PADRe Study: Polypharmacy Adverse Drug Reactions



- ❖ Adverse drug reactions are responsible for 5-8% unplanned hospital admissions in the UK, costing the NHS £1.5-2.5 billion per annum.
- ❖ Most ADRs are due to poor monitoring, not poor prescribing and are preventable.
- ❖ There is no comprehensive, systematic approach to address the problem.
- ❖ Administration of multiple or inappropriate medications has the potential to harm older adults by causing adverse effects such as falls, cognitive impairment, incontinence, dry mouth, pain or nausea.



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PADRe Study Methods:



Structured nurse-led monitoring of medicines commonly prescribed for physical health conditions in care homes:

- ❖ Analyse polypharmacy-related reports in a national database (National Reporting and Learning System) to target areas of unmet needs,
- ❖ Revise and broaden an existing nurse-led intervention (the ADR Profile) for use with care homes residents
- ❖ Use the ADR Profile (a checklist for signs and symptoms of adverse drug reactions) in care homes
- ❖ Evaluate the use of this Profile (process evaluation)



PADRe Study Process Evaluation: implementation of the ADR Profile



- ❖ Study nurses to use the revised ADR Profile with care homes residents
- ❖ Study nurses to complete quality of life measures (EQ-5D-5L) with residents before and after implementation
- ❖ Introductory, mid and end of study interviews with study nurses who use the ADR Profile
- ❖ Researchers examine residents' records at intervals during the use of the Profile for evidence of outcomes (eg changes to medications)
- ❖ End of study interviews with stakeholders: residents/service user representatives, GPs, community pharmacists

