



Medication harm causing unplanned hospital presentation or readmission after Acute Myocardial Infarction (AMI)

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Background

- Medication harm has been poorly explored in post-AMI population who are at risk due to age, multimorbidity and polypharmacy.

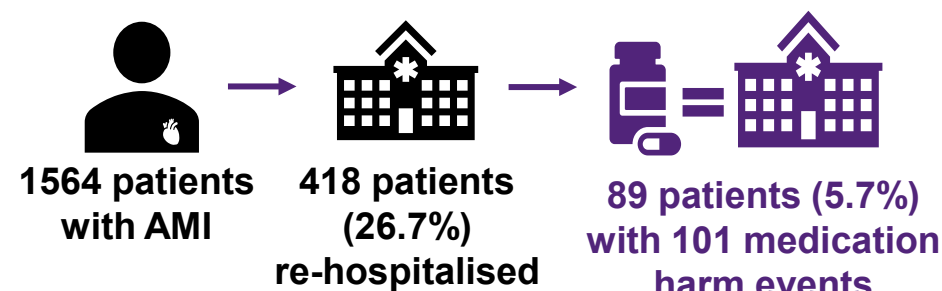
Purpose

- To investigate the 1) incidence, 2) timing, 3) type and 4) severity of medication harm causing re-hospitalisation after an AMI.

Methods

- Retrospective cohort study of post-AMI patients at Princess Alexandra Hospital.
- Patients re-hospitalised within 18 months identified.
- Medical record review and clinical codes identified medication harm re-hospitalisations.
- Severity of medication harm assessed.¹

Results – 1) Incidence



2) Timing

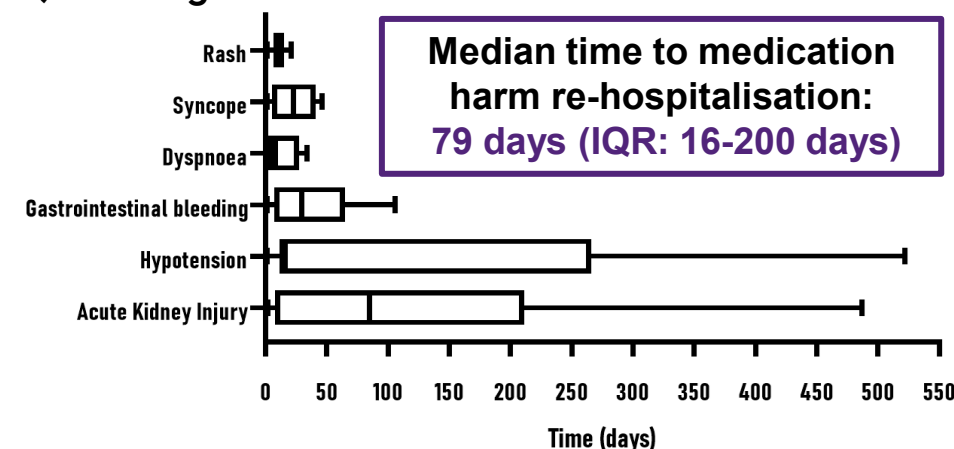


Fig. 1: Box plot of time (days) to medication harm events after discharge

3) Type

- Events: GI bleeds (n=10), AKI (n=10), hypotension (n=9).
- Medications: Furosemide (n=16), ticagrelor (n=16), aspirin (n=15), perindopril (n=9).

4) Severity

Severity	Number (%)
Significant	11 (11%)
Serious	82 (81%)
Life threatening	8 (8%)
Fatal	0 (0%)
Total	101 (100%)

Conclusion

- Medication harm in ~1/5th of re-hospitalised post-AMI patients.
- Patient review within 6 months after discharge could be a mitigation strategy.