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Variation in medication adverse events in general practice

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Background & Aim: Inadequate signaling of adverse events can influence the quality of individual patient care and healthcare in general. In this study we investigated the number of medication adverse events recorded in general practice and the variation between general practices.

Method: Data were derived from electronic health records (EHR) of general practices that participate in the NIVEL Primary Care Database (NIVEL-PCD) in 2014, including 308 general practices with a total practice population of 1,256,049 listed patients. Medication adverse events were defined as ICPC-code A85 (adverse effect medical agent). Data were examined according to sex, age, number of different prescriptions and number of chronic diseases. Between practice variation in signaling medication adverse events was studied using multilevel logistic regression analysis corrected for age, gender and EHR system.

Results: 2.3 consultations per 1000 consultations in general practice were due to medication adverse events. The rate of medication adverse events was 6.6 per 1000 patients in the population and increases with age, number of different drugs, and number of chronic diseases. There is large variation between practices. Corrected for age, gender and EHR system, medication adverse events were signaled for 9 patients per 1000 patients in the population. More than a tenfold difference between general practices was observed in signaling medication adverse events (95% CI: 0.26-3.34).

Conclusion: The variation between general practices suggests that improvement is possible in terms of signaling and recording of adverse events.