

# Comprehensive medication reviews do not cut unplanned hospitalizations

11 May 2021



usual care (CMR: adjusted rate ratio, 1.04 [95 percent confidence interval, 0.89 to 1.22]; CMR plus postdischarge follow-up: adjusted rate ratio, 1.15 [95 percent confidence interval, 0.98 to 1.34]). Compared with usual care, CMR plus postdischarge follow-up was associated with an increased incidence of emergency department visits within 12 months (adjusted rate ratio, 1.29; 95 percent confidence interval, 1.05 to 1.59).

"Alternative forms of medication reviews that aim to improve older patients' health outcomes should be considered and subjected to randomized [clinical trials](#)," the authors write.

**More information:** [Abstract/Full Text Editorial](#)

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Hospital-based comprehensive medication reviews (CMRs) plus postdischarge follow-up do not decrease the incidence of unplanned hospital visits, according to a study published online April 30 in *JAMA Network Open*.

Thomas G.H. Kempen, from Uppsala University Hospital in Sweden, and colleagues studied the effects of hospital-based CMRs, with or without postdischarge follow-up of older patients' use of health care resources, compared to only hospital-based reviews and usual care. The analysis included 2,637 patients (median age, 81 years) who had been admitted to one of eight participating wards (Feb. 6, 2017, to Oct. 19, 2018).

The researchers found the crude incidence rate of unplanned hospital visits was 1.77 per patient-year in the total study population. The incidence of unplanned [hospital](#) visits (admissions plus emergency department visits) within 12 months did not differ between either intervention group and

APA citation: Comprehensive medication reviews do not cut unplanned hospitalizations (2021, May 11) retrieved 22 July 2022 from <https://medicalxpress.com/news/2021-05-comprehensive-medication-unplanned-hospitalizations.html>

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