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# **Medication Reviews Bridging Healthcare (MedBridge) trial**

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- Older patients and medication-related harm
- Comprehensive medication review (CMR)
  - Structured, critical examination of a patient's medications
  - In relation to the patient's underlying conditions, symptoms and preferences
  - To optimise treatment effects and minimise harm

[Blenkinsopp 2012, NICE 2015]

- Evidence on clinically relevant outcomes  
inconclusive [Christensen 2016]



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# MedBridge Aim



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- To study the effects of hospital-initiated comprehensive medication reviews on older patients' healthcare utilisation.

[Protocol published in *Contemp Clin Trials*. 2017 Jul 21;61:126-132]



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# MedBridge Study design



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- Cluster-randomised crossover trial



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# MedBridge Setting



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- 4 hospitals in 3 Swedish regions
- 2 wards per hospital
  - internal medicine, geriatric, stroke, neurology and diabetes-nephrology



## Inclusion criteria

- $\geq 65$  years admitted to study ward

## Exclusion criteria

- medication review within 30 days
- residing in another than the hospital's county
- being in a palliative stage
- one-day admission



- CMR
  - Comprehensive medication review by ward-based clinical pharmacist during hospital stay
- CMR plus follow-up
  - CMR plus referral to GP if needed, and phone call 2-7 days and 1-2 months after discharge
- Control
  - Usual care



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# Primary outcome measure



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- Incidence of unplanned hospital visits during 12-month follow-up





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# MedBridge Status



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- December 2018: last patient included
  - 2645 patients included, 7 withdrawn
- December 2019: 12-month follow-up completed
- Spring 2020: analysis and main publication



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# Thank you for listening and a big thank you to...



AKADEMISKA  
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- MedBridge project group
- Advisory board
- Research assistants and students
- Funding bodies
- Ward staff
- Patients

