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Lay abstract

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Medication prescribing patterns for patients with Heart Failure

Patients with chronic diseases such as Heart Failure (HF) usually require a range of medications to optimise their quality of life, reduce risk of other serious conditions and unplanned admissions to hospital. The medications for patients with HF are managed by specialists in hospitals as well as the patients' General Practitioner (GP). So when a patient with HF is admitted to a hospital, the specialist will review and (possibly) change their medications and once the patient is discharged from hospital, the patient's medication will be managed by the patients GP. Unfortunately it is known that during such transitions (from hospital to GP) errors or inconsistencies in medicines are common and that planned changes to medications are not always followed through. Patients with long-term conditions such as HF who are prescribed several medicines which have been started or changed during their hospital stay are particularly at risk. It is estimated that about 75% of HF participants are prescribed both ACE Inhibitor or Angiotensin II Receptor Blocker (ACEI/ARB) at discharge from hospital. However there are no published UK studies of prescribing rates 12 months later. Our aim in this study is to describe the pattern of medication prescribing in primary care pre-post hospital admission using the ResearchOne database.

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