

IMPROVING TRACEABILITY OF WEIGHT AND RENAL CLEARANCE OF ELDERLY RESIDENTS IN NURSING HOMES

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PAYS DE LA LOIRE

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OBJECTIVE

Elderly patients are more likely to have decreased renal function, which can require adjustment of therapeutic treatment. The aim of the present study was **to assess medication management quality** by monitoring weight and renal clearance of elderly population living in one of the 584 nursing homes of the region, especially people with chronic renal failure and **to raise health care professionals' awareness** on the importance of weight and renal clearance's traceability.

METHODS

A retrospective professional practice assessment was conducted in early 2014

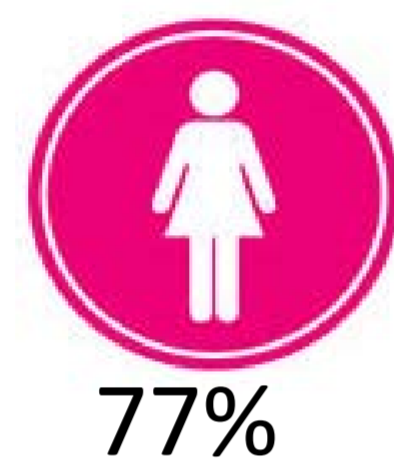
- Voluntary nursing homes of the region
- People of 75 years old or more
- Living in a nursing home for more than a year

Traceability of **weight and renal clearance** were collected in the resident's file.

RESULTS

STUDY PARTICIPANTS

- 84 (14%) nursing homes
- 3063 resident's files
- Mean age = **88 yrs**



77%



23%

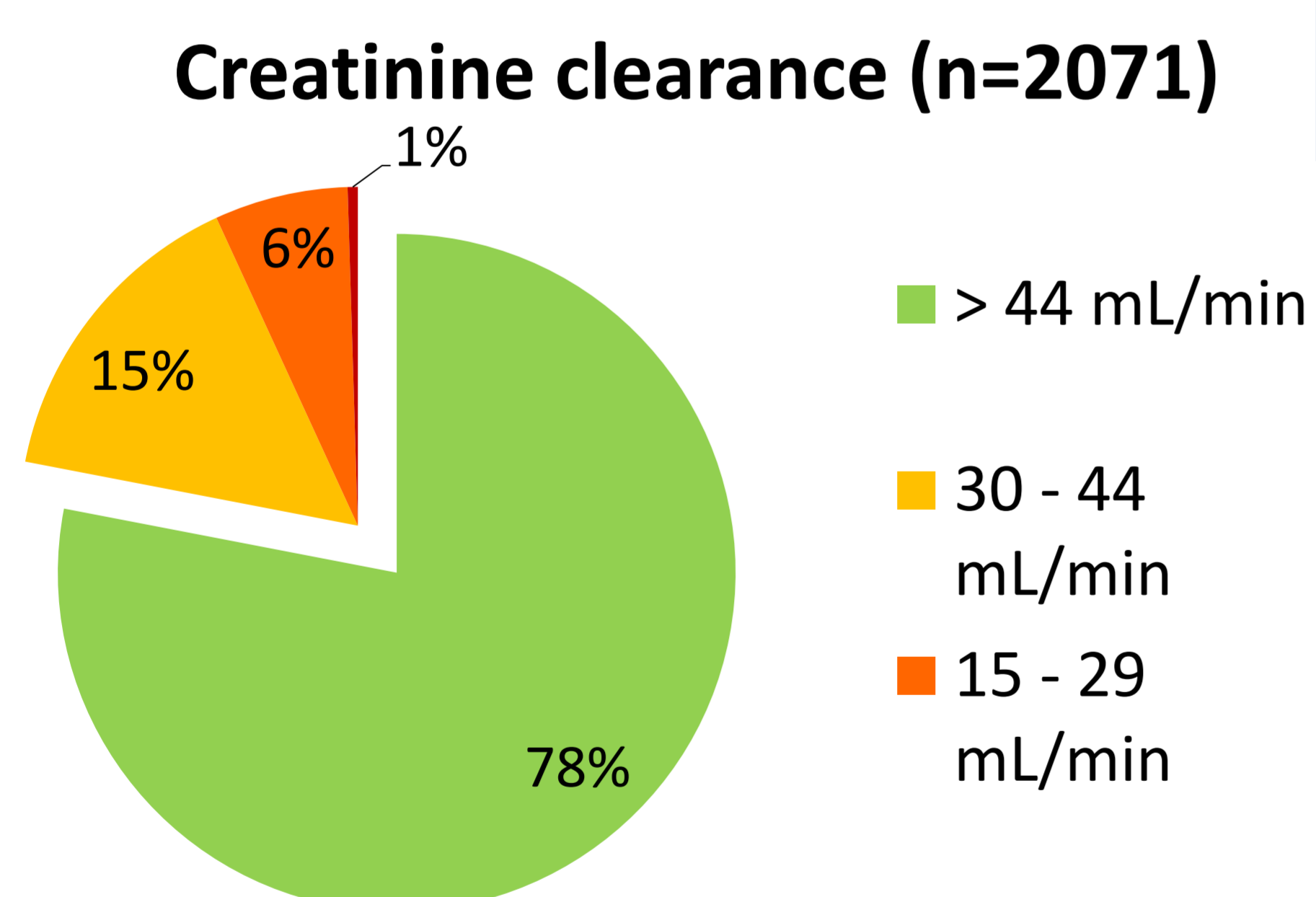
Mean number of residents:
• **108/nursing home**
• **76 included/nursing home**

WEIGHT AND RENAL CLEARANCE

Percentage of residents with at least one measure during the past year :

Serum creatinine	76,0%
Weight	99,2%
Serum creatinine AND weight	75,4%
Renal clearance	67,6%

1/3 of residents don't have any renal clearance registered during the year



Automatic Calculation of renal clearance by the laboratory

YES	80%
Cockcroft	6%
MDRD	31%
Both	43%
NO	20%

22% of residents had chronic renal failure with a renal clearance < 45 mL/min

50% of them had a correct biological follow-up according to French guidelines

Training of healthcare professionals

1. Information leaflet :

Généralités
Chez la personne âgée, le suivi de la fonction rénale et du poids est nécessaire. A partir de **60 ans**, la créatinémie doit être dosée **1 fois/an**. Après **75 ans**, elle est dosée **plus fréquemment** et au moins tous les 3 mois dans certaines circonstances : anticoagulants oraux directs, patient insuffisant rénal sous diurétiques... Différentes méthodes d'estimation de la fonction rénale sont disponibles. Dans cette population, le choix se porte sur la formule de :

Cockcroft et Gault (CG)

Justification

- Prise en compte du poids
- Préférable à MDRD qui sous-estime la fonction rénale réelle de la personne âgée
- Permet l'adaptation posologique des médicaments

Formules

Clairance CG en mL/min = $\frac{\text{Poids (kg)} \times (140 - \text{âge})}{0,814 \times \text{créatinine en } \mu\text{mol/L}}$

Chez la femme le résultat est multiplié par 0,85.

Estimation plus précise du débit de filtration glomérulaire à l'aide de la formule de Cockcroft et Gault corrigée :

Clairance CGc en mL/min/1,73m² = $\frac{\text{Clairance calculée (mL/min)} \times 1,73}{\text{Surface corporelle}}$

Médicaments avec recommandations en cas d'insuffisance rénale (contre-indication, adaptation posologique)

Ex :

- Metformine
- Héparines de bas poids moléculaire
- Antibiotiques et Antiviraux
- Anticoagulants oraux directs
- Allopurinol, colchicine
- Médicaments à marge thérapeutique étroite (méthotrexate, digoxine)
- Antihypertenseurs...

2. E-learning training :

Formation sur le suivi du poids et de la fonction rénale en EHPAD

Commencer le module

Durée de la formation : 45 minutes

It includes :

- Commented video
- Quiz
- Clinical case

CONCLUSION

Nursing homes encounter difficulties to collect and record their residents' data and to standardize their practices. To improve traceability of weight and renal clearance, a **free e-learning training and an information leaflet** are proposed to healthcare professionals. A second measure of data will be conducted in early 2017.

In partnership with :



Find out about our results and our education program (in French) on our website www.omedit-paysdelaloire.fr

12 th International congress of the European Union Geriatric Medicine Society, Lisbon, Portugal, 5-7 Oct 2016

