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## **Development of a Clinical Pharmaceutical Service in Long-Term Care**

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**Background:** Older adults often experience drug-related problems (DRPs) due to multiple chronic conditions. Clinical pharmacists play a vital role in optimising medication use and deprescribing in geriatric care, reducing risks and enhancing outcomes.

**Purpose:** To develop and implement a clinical pharmaceutical service in a residential aged care facility, focusing on better medication management.

**Method:** The study was divided into five phases. Phase I sees the development of a gap-finding tool to identify areas for improvement in clinical geriatric guidelines. Phase II involved the development of two tools: the 'Pharmacist Patient Profile' for comprehensive reviews and the 'Patient Medication History on Admission' for accurate history-taking. Phase III included clinical pharmacy implementation, such as medication reconciliation and drug advice. DRPs were classified using PCNE Classification V9.1. Phase IV includes the evaluation of the service through the other healthcare professionals via a satisfaction survey. Phase V contains proposals to promote active ageing through better medication practices.

**Results:** Of the 81 duties listed in the gap-tool, 21 of the duties of a ward-based geriatric clinical pharmacist were not performed at the long-term care facility. Twenty-five patients, with a mean age of 84 years, were recruited in the study, having 89 DRPs and 166 interventions identified by the clinical pharmacist. The most common DRPs were inadequate monitoring (n=18) and dose too high (n=16). Interventions were largely accepted and full implemented (n=128).

**Discussion:** Integrating clinical pharmacists into elderly care settings enhances deprescribing, minimises polypharmacy, and reduces DRPs. This structured service supports active ageing by improving medication safety and effectiveness.