

Medication optimisation

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MEDICATION OPTIMISATION

Methodological aspects and new strategies

Carlota Mestres Gonzalvo

1. Medication reviews can and should be done more frequently, with a higher quality consuming less time. (this thesis)
2. The fact that clinical rules and computerised clinical decision support systems can support healthcare professionals is not sufficient. They must support them. Otherwise, the time invested in developing such a system will go to waste. (this thesis)
3. As medication reviews are performed to enhance patients' healthcare, studies focusing on hard endpoints are needed to prove their effect. (this thesis)
4. It is possible to predict the risk of delirium using electronically available data. (this thesis)
5. When the main reason to perform medication reviews is remuneration or fulfilling the healthcare inspectorate requirements, the quality of such medication reviews risks being mediocre.
6. Expensive drugs are a side effect of government pricing.
7. The next step in the development of clinical rules is showing that they have an effect on clinically relevant endpoints such as hospital admissions and mortality.
8. We are the first generation to feel the impact of climate change, and the last generation that can do something about it. (Barack Obama)
9. Starting medications is like the bliss of marriage and stopping them is like the agony of divorce. (Doug Danforth)
10. Vision without action is just a dream, action without vision just passes the time, and vision with action can change the world. (Nelson Mandela)