Introduction:
During critical illness, chronic therapies are often withheld and subsequently not restarted, and ICU-specific treatments can be inappropriately continued once discharged. Critically ill patients are also experience higher numbers of transitions of care, which may also cause issues with on-going medicine management. Additionally, patients are often prescribed new medications which they may not understand how to take effectively, or which may cause adverse events. We aimed to categorise the nature of the Medication Related Problems (MRPs) found in this population.

Methods:
183 patients enrolled in a post-intensive care programme between September 2016 and June 2018. Intensive Care Syndrome: Promoting Independence and Return to Employment (InS:PIRE), is a 5-week multicentre, multidisciplinary rehabilitation programme for ICU survivors and their caregivers. MRPs were identified by a specialist ICU pharmacist during this programme. This MRP was then categorised by type and by British National Formulary (BNF) category.

Results:
62.8% (n=115) of patients required at least one pharmacy intervention. The median number of interventions required per patient was one (IQR 0-2); the maximum number was six. 198 MRPs were recorded in this cohort. The most common intervention was clarifying duration of treatment (n=44), followed by education (n=33), and correcting drug omissions (n=27). The BNF drug class most frequently associated with MRPs was neurological (n=65), which comprises analgesics (n=45) and psychiatric medications (n=20). This was followed by cardiovascular medications (n=40), gastrointestinal medications (n=34), nutritional medications (n=25), and others (n=34).

Conclusion:
Many ICU survivors experience MRPs. The most common class of MRP was neurological, reflecting the high incidence of chronic pain and psychiatric illness in this population.