

CONCOMITANT DRUGS AS A RISK FACTOR FOR THE APPEARANCE OF ADVERSE EVENTS

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Introduction

The best polytherapy is associated with a major risk of adverse events (ADEs) and with an increase of both mortality and morbidity. The main aim of this work was to evaluate the frequency of the appearance of ADEs in those patients undergoing polytherapy compared to the frequency of ADEs tied to monotherapy.

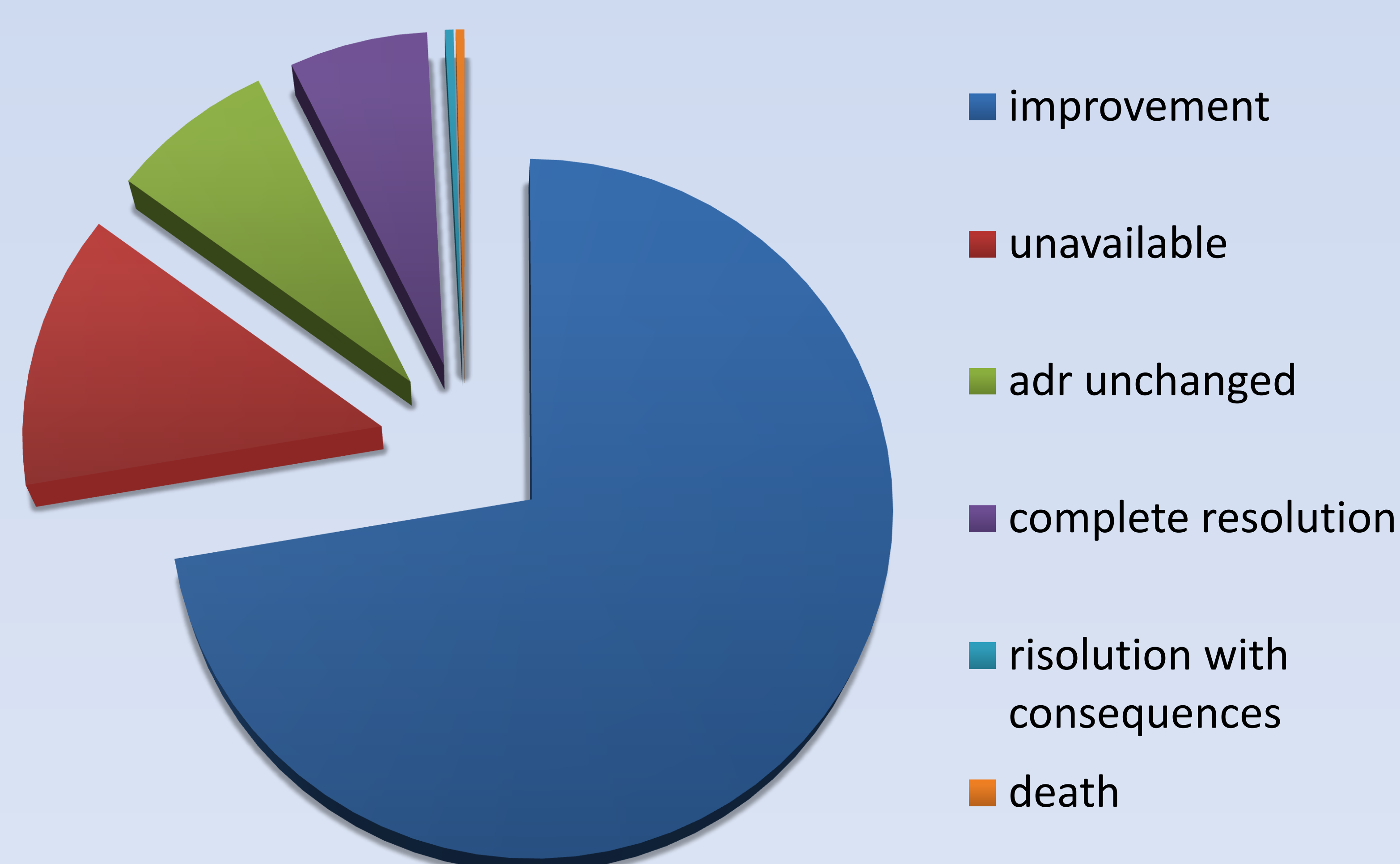
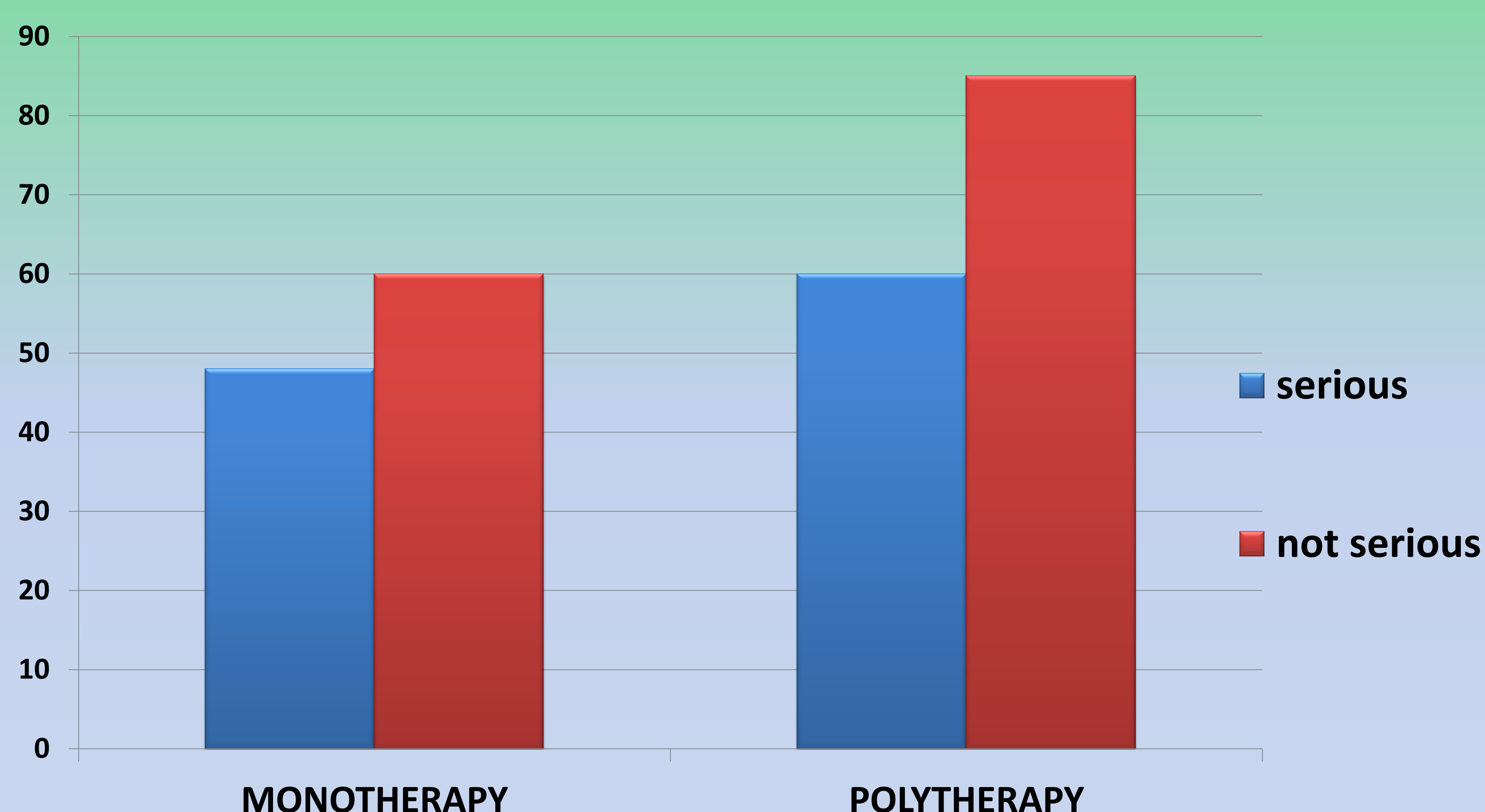
Methods

An ER entrance monitoring of A.O. "Gaetano Rummo" of Benevento was made by a dedicated hospital pharmacist, in a range of twenty-four month, through the collection of data concerning recorded ADEs and the analysis per total value (mono/polytherapy), the seriousness and the number of medications considered suspicious.

Results

Out of 253 reports made, 140 (55.3%) have involved patients undergoing polytherapy against 113 attributable to monotherapy. More precisely, 108 ADEs were considered "serious" and 55.5% of these (60 cases) were due to the polytherapy. Out of 48 serious cases imputable to the use of one drug (Pic. 1), just 1 has ended with the death of the patient (anaphylactic shock by ceftriaxone), 1 has endangered patient's life and for 16 of them it has been solved with the hospitalization/hospital prolongation (Pic. 2). Out of 145 cases which were considered by the detector as "not serious", 80 have proved a suspected polytherapy while 60 relative to 1 medication.

Pic. 1



Pic. 2

Conclusions

The polipharmacological approach represents a significant factor which can cause the appearance of ADEs. To improve health care is desirable that competent professional figures, such as the pharmacist, would more often employed in a departmental activity of pharmacovigilance in order to develop a prior information network on the risk of medicine interactions and the proper use of the medication.