

# IMPACT OF TAILORED SCREENING INTERVALS ON THE BURDEN OF DRUG-DRUG INTERACTION ALERTS: AN INTERRUPTED TIME SERIES ANALYSIS

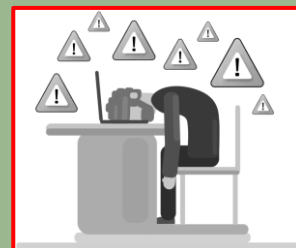
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## SITUATION BEFORE INTERVENTION

Monday 8:00	Tuesday 8:00	Wednesday 8:00	Thursday 8:00
LMWH e.g. Clexane® 80mg	LMWH e.g. Clexane® 80mg	DOAC e.g. Xarelto® 20mg	DOAC e.g. Xarelto® 20mg

 Risk of bleeding



Correct switch between anticoagulants

BUT... alert is fired  
due to fixed and broad screening interval of 14 days for all DDIs

## INTERVENTION

Embedding *customized* screening intervals for 27 frequently fired DDI alerts into the hospital information system

Taking into account:

- mechanism of the DDI
- half-life of involved drugs
- (ir)reversible receptor binding
- sequence of prescribing

DDI pair

Alert if prescription within

factor Xa inhibitor + LMWH/VKA

12 h after factor Xa inhibitor  
12 h after LMWH  
2 d after acenocoumarol  
4 d after warfarin  
7 d after phenprocoumon

example

## METHODS

Interrupted time series

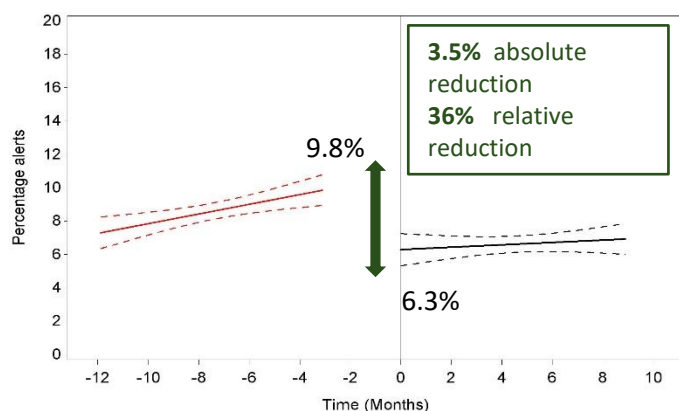
- April 2021 to December 2022
- 50 random days before and after intervention
  - before: broad screening interval of 14 days
  - after: customized screening intervals

Outcome

- number of DDI alerts / number of new prescriptions per day

## RESULTS

PRE-INTERVENTION		POST-INTERVENTION	
23429 alerts		17619 alerts	
3181 very severe alerts	20248 severe alerts	1140 very severe alerts	16176 severe alerts



## CONCLUSION

The intervention was feasible and effective in reducing the burden of DDI alerts



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In practice

5731 new prescriptions per day

→ 201 false positive DDI alerts avoided each day