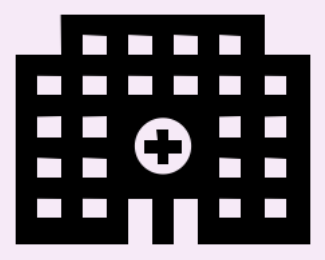




AUTHORS

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BACKGROUND AND IMPORTANCE

The use of **teriparatide** treatment has resulted an increase of great economic impact at the hospital level in the last years.



MATERIAL AND METHODS

A prospective, single-center intervention study
March-April 2023

Adult patients with an **active prescription of teriparatide** from the **Orthopedic Surgery and Traumatology Service** whose last dispensation was in January 2023 were included.

The variables collected were:

Age
Sex
Treatment duration
Dosing regimen
Previous fracture and
Type of fracture
Previous treatment
Contraindications
Osteoporosis.

Information sources:

- Electronic prescription application Prisma[®]
- Computerized medical records Diraya[®]
- Dispensing data using MicroStrategy software.



AIM AND OBJECTIVES

To **analyze the appropriateness of the prescription of teriparatide** in the treatment of osteoporosis in the Orthopedic Surgery and Traumatology Service and to evaluate the degree of acceptance by the physician of the interventions performed.



RESULTS

43 patients
(76.74% ♀)

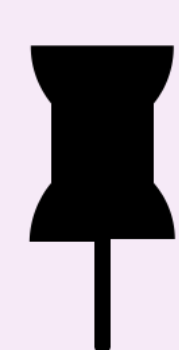
Median age: **76.5 years** (range 30-92 years)

18.60% (n=8) of patients had treatment errors:

- **62.5%** (n=5) due to dosing regimen >2 years
- **12.5%** (n=1) due to an error in the regimen
- **25%** (n=2) due to contraindications

13 were prescriptions with a previous non-vertebral fracture, where **84.61% (n=11)** were first-line teriparatide treatments, when it is not recommended

The degree of acceptance by the specialists after the intervention was **62.5%**. The prescriber's modifications were suspension of teriparatide treatment for > 2 years and initiation of bisphosphonates, modification of the regimen error and replacement of drugs that had contraindications with first-line drugs.



CONCLUSION AND RELEVANCE

Although there are not many errors in the treatment in active prescriptions of teriparatide, the interventions carried out were partly accepted by physicians, but they continue being prescribed as first-line treatments when it is not recommended. In addition, prescription errors were reduced and medication safety increased, reflecting the importance of the role of the pharmacist at the hospital level.