

INTERDISCIPLINARY TEAM IN THE FOLLOW-UP OF A PATIENT WITH TEDUGLUTIDA

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Background

The short bowel syndrome (SBS) results from the physical loss of intestinal portions, this patients develop intestinal failure and they require external intravenous support. Teduglutide promotes changes on an intestinal level favoring the growth of the mucosa and increasing the absorption. There is reduced experience in the management of this treatment so it is necessary an interdisciplinary team for a specific, individualized and consensual follow-up.

Purpose

Our objective is to analyze the results obtained by the interdisciplinary team in the follow-up of a patient with SBS, after the elaboration and implantation of a follow-up protocol with active participation of the pharmacist.

Material and methods

An interdisciplinary team is established between the Pharmacy, Digestive and Home Hospitalization Units (HHU) for the follow-up of a 38-year-old patient with SBS. We held joint meetings to review documentation, developed and agreed a protocol. Duration of the follow-up: 6 months. The digestologist monitored monthly the patient, the HHU doctor twice-weekly and the pharmacist biweekly followed-up. Pharmaceutical activity focused on the adjustment of nutritional support and fluid therapy according to agreed parameters such as diuresis, ostomy losses, analytical nutritional parameters and safety of teduglutide. We also adjusted dietary measures weekly.

Results

With the establishment of the interdisciplinary team, after 7 meetings, we were able to agreed on a follow-up protocol for the patient. **PN and fluid contributions decreased by 53% and 38%**, respectively. The contribution time was reduced from 15 hours a day 7 days a week, to 7 hours a day for 6 days. The initial supply was 1640 ml (10 g lipid, 200 g glucose, 11.22 g N) and reduced to 840 ml (4.97 g lipids, 99 g glucose, 5.7 g N). We have managed to **maintain the nutritional status** required by the patient. In addition, with this intervention we were able to improve the patient's quality of life, which we evaluated according to two scales: SF-36 and GiQLI. No adverse effects were detected with teduglutide.



Conclusions

The role of the pharmacist in the interdisciplinary team, assuming an active and coordinating role in many moments of the process, has contributed to achieve the therapeutic objectives and nutritional control of the patient.