

ANALYSIS OF THE DISCREPANCIES FOUND IN THE RECONCILIATION OF CONCOMITANT MEDICATION IN A COHORT OF ELDERLY PATIENTS INFECTED WITH HIV

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BACKGROUND

The increase of life expectancy in HIV patients leads to the appearance of comorbidities and therefore the increase of concomitant medication

OBJECTIVES

- ✓ To determine the prevalence of discrepancies in the reconciliation of concomitant medication in elderly hiv patients.
- ✓ To describe the most frequent discrepancies as well as the medications involved

METHODS

Prospective observational study conducted in HIV-infected patients treated at the Pharmacy Service (January 1, 2014 - December 31) of a regional university hospital.

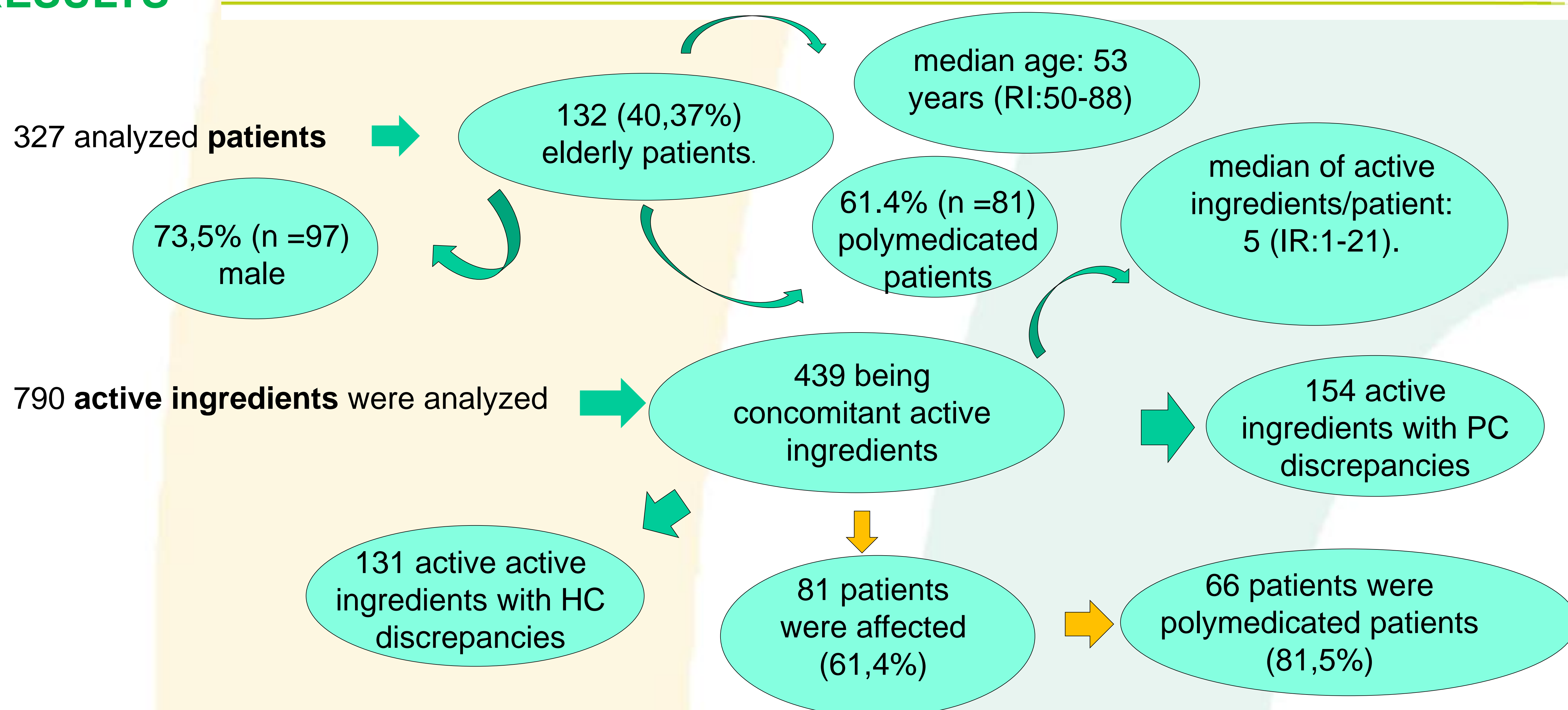
Collected variables: age, sex, concomitant medications, discrepancies found in the clinical history of specialized care (CH) and primary care (PC) and plasma viral load (VL).

The discrepancies were classified as: omission, different dose/frequency/route, erroneous medication and therapeutic duplication).

In the conciliation the CH was reviewed, the pharmacotherapeutic history of PC and the patient was interviewed.

The inclusion criteria were: HIV infection, age ≥ 50 years and antiretroviral treatment (ART) for at least 6 months
The statistical analyzes were performed using the statistical package SPSS 15.0.

RESULTS



Discrepancy in:	Omission	Erroneous medication	Different dose
CH	109	22	2
PC	132	21	1

The **active ingredients mostly involved** were: vitamins (16.17%); psycholeptics (11.0%) and antacids (10.1%).
VL was ≤ 50 copies/ml in 81 patients (61.4%) and less than 200 copies/ml in 119 patients (90.15%).

CONCLUSION

- ✓ Seropositive patients have a high number of discrepancies; affecting patients polymedicated majority.
- ✓ The most frequent discrepancy in both primary and specialized care is the omission of medications.
- ✓ The group of drugs mostly involved are vitamins.
- ✓ It would be interesting to analyze in the future if patients with more discrepancies in the medication have more interactions or worse immuno-virological control

NO CONFLICT OF INTEREST

