Detection and follow-up of drug related problems for patients with cardiovascular disease:

A study of the Medicine Start Service in hospital pharmacies

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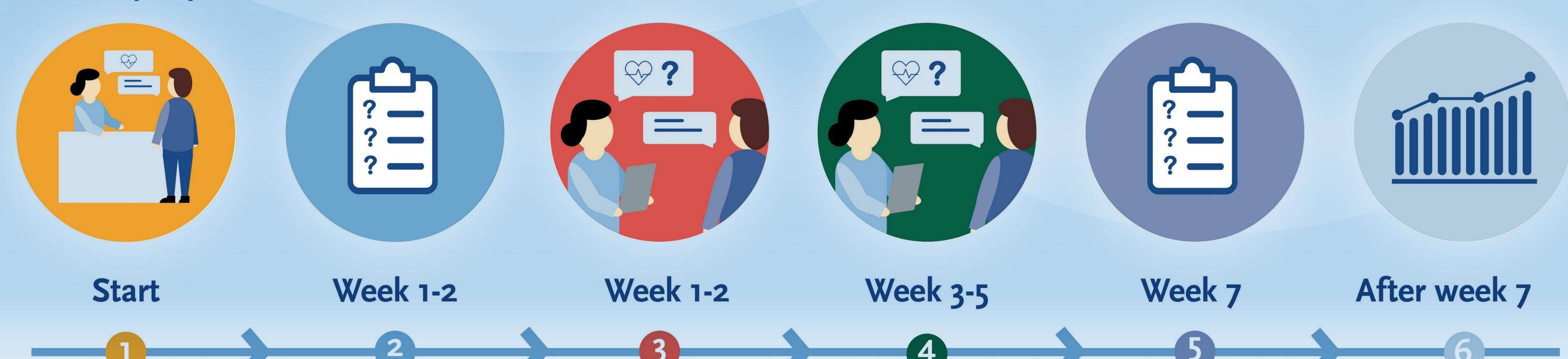
Background

Drug related problems (DRP) are defined as "an event or circumstance involving drug therapy that actually or potentially interferes with desired health outcomes". Medicine Start Service (MSS) is a standardized government-funded pharmacy service, free of charge for all patients with a new cardiovascular disease (CVD) medication, aiming at improving patient safety. Materials and Methods A prospective, uncontrolled, multicenter intervention study was conducted from September 2019 to February 2021 in three different hospital pharmacies in Norway. DRPs were registered during two consultations, between a pharmacist and a patient, and classified into seven different DRP categories according to a modification of the system developed by Ruths *et al.* (1)

Aim and Objectives

To assess the number and nature of DRPs detected during MSS consultations, and to investigate how pharmacists followed up those DRPs.

Timeline per patient included



Recruitment

- Information about new medication
- Written information about the project
- Consent and inclusion
- Medisinstart 1: set appointment
- **BMQ** first time
- Survey from internet or paper filled out by patient *

Medisinstart 1

- Consultation by pharmacist
- Pharmacist fills out registration form
- Medisinstart 2: set appointment

Medisinstart 2

- Consultation by pharmacist
- Pharmacist fills out registration form
- BMQ second time
- Survey from internet or paper filled out by patient 2 weeks after Medisinstart 2.*

Data collection per patient

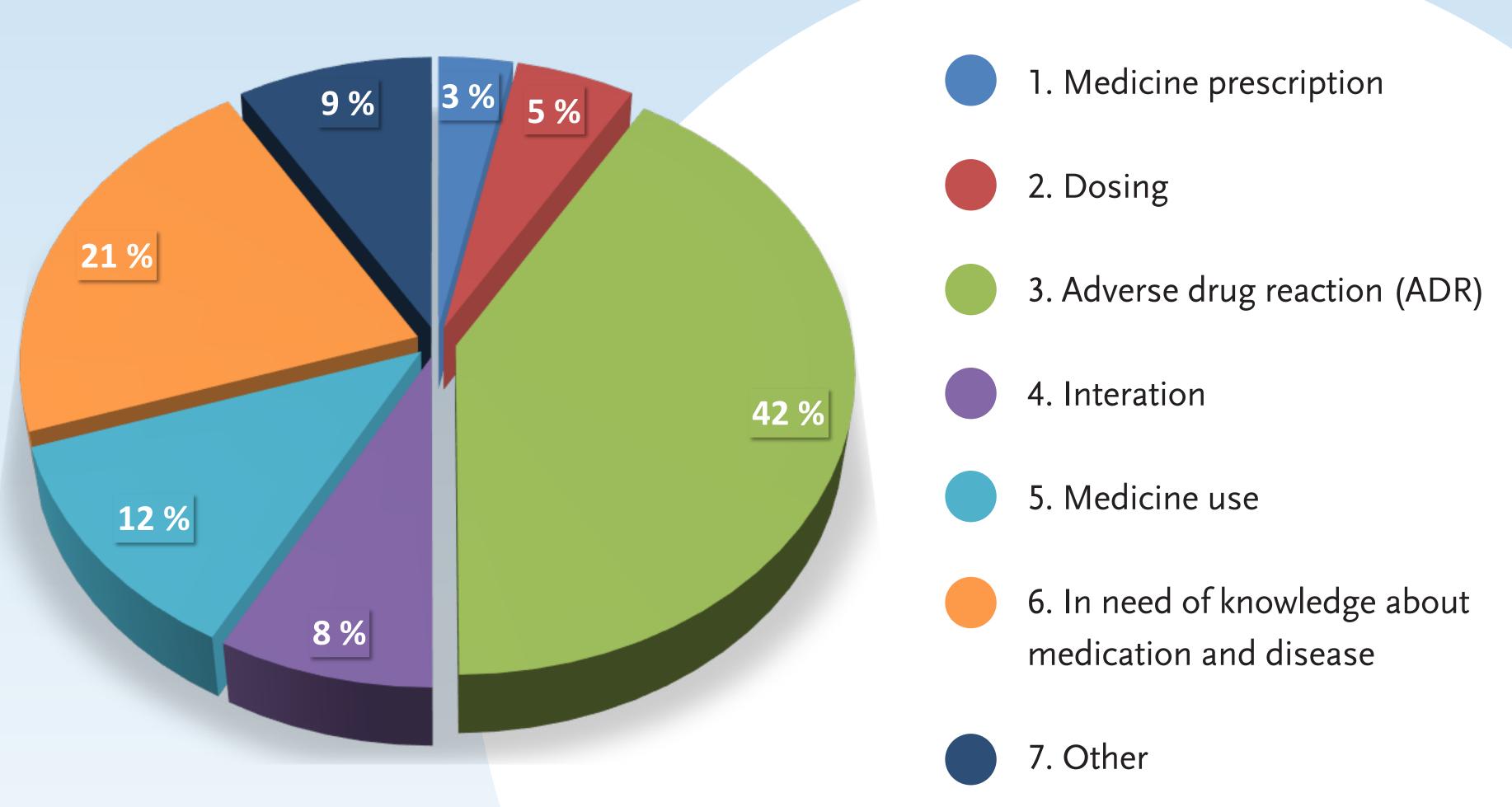
 Data collected by study pharmacist

* Beliefs about medicines Questionnaire not applicable for this abstract

Drug related problems (DRPs) detected during Medicine Start Service consultations

Results

A total of 67 patients completed both consultations. Pharmacists detected 83 and 67 DRPs in consultation 1 and 2, respectively. DRPs related to adverse drug reaction (ADR) were most frequent (42%). The pharmacists resolved 90% of the DRPs, most frequently by giving advice and counselling (60%). The prescribing physician was contacted in less then 8% of the cases.



Conclusions

Pharmacists found DRPs in a majority of patients with newly started CVD medicines, most common were ADRs. Early detection of DRPs may be of importance for patient safety in the critical phase of transition from hospital to community.

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References: ¹Ruths, S., Viktil, K. K., & Blix, H. S. (2007). Classification of drug-related problems. *Tidsskrift for Den norske legeforening*.