



ADHERENCE TO GUIDELINES FOR TREATMENT OF UPPER AND LOWER GASTROINTESTINAL BLEEDING IN ACUTE SURGICAL WARDS

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Background

The drug treatment that patients receive for upper and lower gastrointestinal (GI) bleeds at surgical wards is not always in accordance with the guidelines. Patients sometimes stay on intravenous (IV) proton-pump inhibitors (PPIs) longer than necessary when oral treatment has been shown to be equally effective. Oral treatment is more convenient for patients and saves time for nurses. There is also a large difference in costs for treatment. The hypothesis for this study was that unnecessary treatment with IV PPIs is common and that measures to increase adherence to the guidelines are needed.

Objectives

To measure how well the acute surgical wards at a university hospital follows the local guidelines for treatment of lower and upper GI bleeds and if costs can be saved when the guidelines follows.

Materials and methods

This study was a retrospective review of the treatment of patients with GI bleeds, using electronic medical records. Patients with the diagnoses of ventricular ulcer, duodenal ulcer and lower GI bleed who had been discharged from two acute surgical wards between July to December 2016 were included. Data on diagnostics, treatment and relevant patient characteristics were collected, deidentified and analyzed descriptively.

Results

166 patients were included, of which 40 (24%) were deemed by a pharmacist student to have received unnecessary IV treatment according to guidelines. The 40 patients either lacked a correct indication (n=2) or could have received oral treatment instead (n=38). The total number of days that patients were unnecessarily treated with intravenous PPI (esomeprazole 40mgx2) was 79 and the cost for this amounted to €320 for the entire period. If these patients had instead received oral PPI treatment (omeprazole 40mgx2) the costs of treatment would have been €0.8 for the entire period

Table 1

Total patients	166
Number of patients with unnecessary IV treatment	40 (24%)
Total days with unnecessary IV treatment	79
Total doses (79 x 2)	158
Total cost for unnecessary IV treatment	€320
Total cost for oral PPI treatment	€0.8

Conclusion

While almost a quarter of the patients received unnecessary IV PPI treatment, the total extra cost for this was not as large as had been anticipated. However, factors such as extra time spent by nurses, preparing and administering IV drugs, and patient discomfort have not been scrutinized in this study. Efforts to improve adherence to guidelines will be undertaken because of this study.