

IMPACT AND EVALUATION OF PHARMACOKINETIC MONITORING IN PRIMARY CARE.

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BACKGROUND AND IMPORTANCE

Monitoring of narrow-margin drugs in primary care is important to optimize the efficacy and safety of treatment.

AIM AND OBJECTIVES

Analyze the impact of the activity and repercussions of monitoring plasma levels of antiepileptics, lithium and digoxin in primary care patients carried out by the Pharmacokinetics Area-Hospital Pharmacy Service (PA-HPS).

MATERIAL AND METHODS

Two-month retrospective observational study of the pharmacokinetic reports of all patients who required monitoring of their plasma levels.

The variables recorded from the analyses and clinical history were: age, sex, renal clearance, liver enzymes (GOT, GPT and gamma), monitored drug and plasma level, pharmacokinetic reports and their degree of acceptance.

RESULTS

- 191 ambulatory patients
- 202 pharmacokinetic reports
- Mean age 42.33±16.46 years, 51% were female
- 5 patients renal insufficiency (renal clearance < 60 ml/min)
- 3 patients hepatic insufficiency (liver enzymes greater than 3 times the upper limit of normal)

Pharmacokinetic reports	
Valproic	43.56%
Lithium	37.62%
Carbamazepine	8.91%
Digoxin	5.94%
Phenytoin	2.47%
Phenobarbital	1.48%

<u>DEGREE OF INTERVENTION</u>	▪ 17.32%
<u>Reports required a change in the dosing regimen or dosing interval together with a new monitoring</u>	▪ 10.93%
<u>DEGREE OF ACCEPTANCE BY THE PHYSICIAN</u>	▪ 67%

CONCLUSION AND RELEVANCE

- It is important to perform an adequate follow-up of patients with active treatment of drugs with a narrow therapeutic margin for a constant optimization of the treatment
- The high degree of acceptance of pharmacokinetic reports shows that the circuit is well received