TRIPLE WHAMMY INTERACTION: IMPROVING PATIENTS'SAFETY



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BACKGROUND

Concomitant treatment with renin-angiotensin system inhibitors (ACEI/ARB), diuretics and non-steroidal anti-inflammatory drugs (NSAID) has been named as Triple Whammy (TW). This interaction can produce acute kidney injury (AKI).

PURPOSE

To implement a strategy in order to avoid the development of AKI due to TW interaction.

DIURETIC

NSAID

MATERIAL AND METHODS



Nephrologists
General practitioners (GP)
Clinical pharmacists (CP)

INCLUSION CRITERIA

Concomitant Use INFORMATIVE SESSIONS



An in-house developed software called

OBSERVA was used to obtain the list of patients.

This software allows a communication between CP and GP, linked to the electronic medication lists

and medical records.

PROPOSALS for de-prescription were sent to GP and implemented in medical records: "Information about the risk of developing AKI due to the combination, suggesting the doctor to withdraw the NSAID and, if this was not possible, monitoring renal function and serum potassium levels was recommended"

GP DECISION



Rejection



Evaluation of the intervention

RESULTS

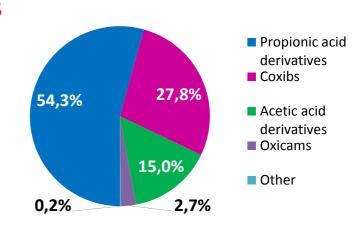
1699 proposals

For de-prescription of groups

2 months later...

15% of proposals attented by GP

Acceptance rate 82%



CONCLUSION

- Pharmacological interactions must be considered even more when they cause important morbidity such as AKI.
- CP intervention through electronic clinical records optimizes pharmacotherapy and may reduce adverse events improving patients' safety.



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