

# TRIPLE WHAMMY INTERACTION: IMPROVING PATIENTS' SAFETY

Alzueta N<sup>1</sup>, Celaya MC<sup>1</sup>, Acín MT<sup>1</sup>, Echeverría A<sup>1</sup>, Fontela C<sup>1</sup>, Sanz L<sup>1</sup>, Gómez N<sup>2</sup>, Fernández ML<sup>2</sup>, López A<sup>1</sup>, Garjón J<sup>1</sup>.

<sup>1</sup> Subdirección de Farmacia. <sup>2</sup> Servicio de Nefrología, Complejo Hospitalario de Navarra.

Servicio Navarro de Salud- Osasunbidea.

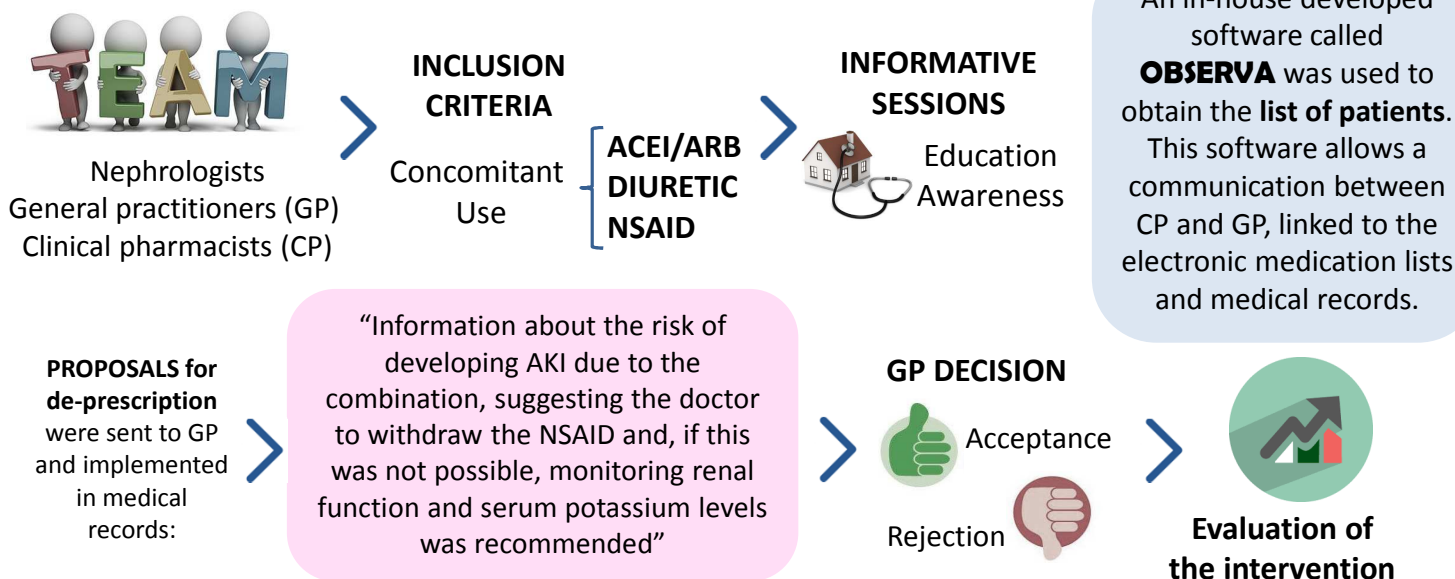
## BACKGROUND

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.

## MATERIAL AND METHODS



## RESULTS

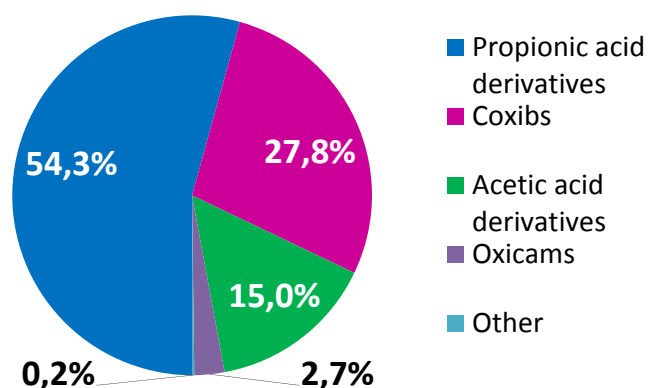
1699 proposals

For de-prescription of groups

2 months later...

15% of proposals attended 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.



<http://www.eahp.eu/24-5PSQ-097>