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PHARMACOTHERAPEUTIC PROFILE AND RISK OF DRUG-RELATED PROBLEMS AND DRUG INTERACTIONS IN HIV+ PATIENTS OF A HEALTH AREA

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Background

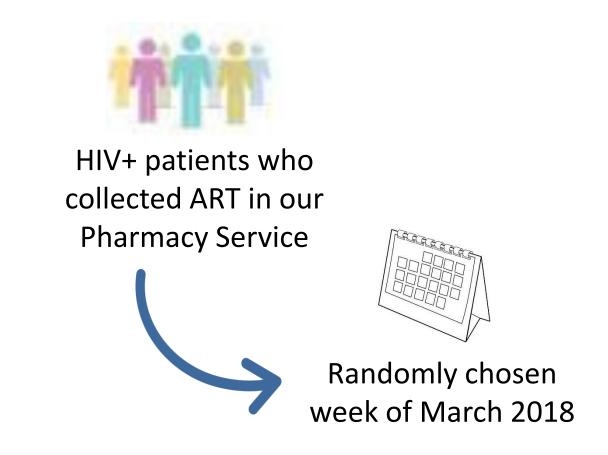
The **expected lifespan of HIV+ patients has increased** dramatically as a result of improved antiretroviral therapy (ART), with the consequent increase in **comorbidities** and **polypharmacy**.

Purpose

To analyze the **profile of comorbidities and polypharmacy in HIV+ patients** of a Health Area and determine their influence on **the risk of presenting drug-related problems** (DRPs) and **potential clinically significant drug interactions** (CSDIs).

Material and methods

Retrospective observational study conducted in a Reference Hospital Area that attend 457 HIV+ patients with ART.



Variables included in the analysis:

Demographic	Clinical	Pharmacotherapeutic
Age	Viral load (VL)	ART squeme
Sex	Comorbidities	Dispensing data
		Concomitant treatment
Computerised medical records		SAVAC® + Ágora Plus®

^{*} Statistical analysis was performed using SPSS v23.0



- ✓ ≥2 chronic non-AIDS pathologies = PLURIPATHOLOGIC
- ✓ ≥5 non-ART drugs = **POLYMEDICATED**
- ✓ PREDICTOR® → Risk of **DRPs**
- ✓ Lexicomp® database → CSDIs

Results

120 patients (76.7% males)

51.15 ± 9.61 years (**59.17% >50 years old**)

94.17% indetectable VL

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26.7% polymedicated \rightarrow 7(6-9) drugs per patient

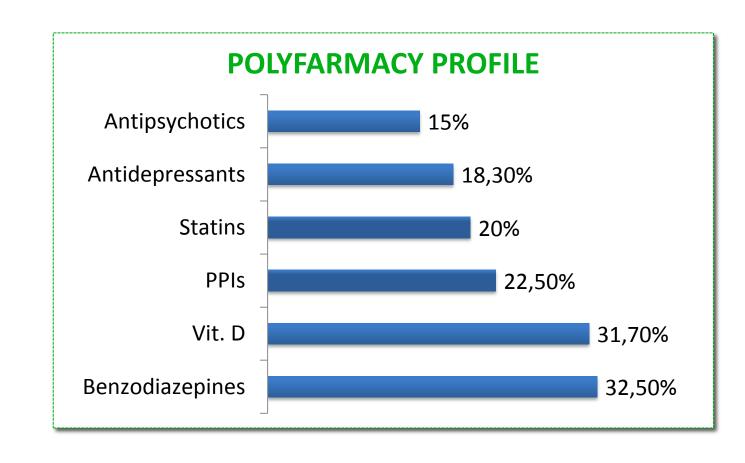
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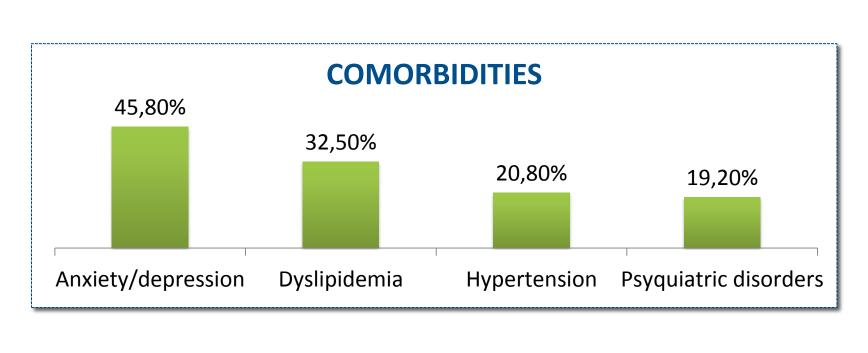
High PREDICTOR® in 46.7% patients

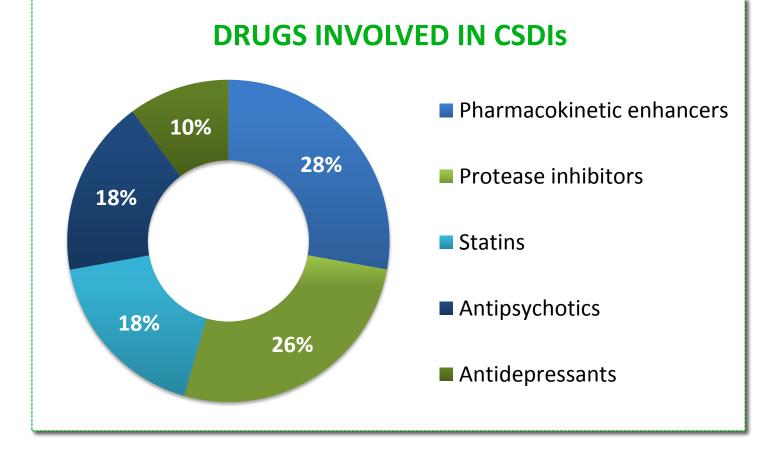
55 CSDIs were identified in 41 patients (34.2% of patients)

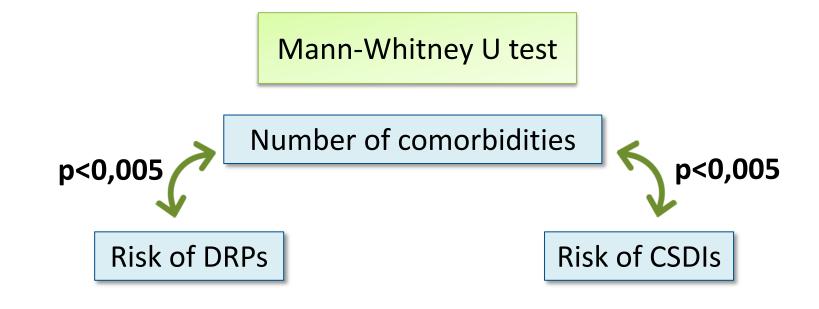
78.18% of CSDIs involved ARV drugs

54.2% pluripathologic \rightarrow 3(2-4) comorbidities per patient









Conclusions

The results of the study demonstrate the aging of the HIV population and the consequences that this entails: an **increased risk of presenting DRPs as well as the risk of CSDIs**. Due to this, a meticulous and multidisciplinary approach is necessary in these population in order to identify most susceptible patients.

