

PHARMACISTS - GENERAL PRACTITIONERS (GPs) COLLABORATION TO IDENTIFY DRUG-RELATED PROBLEMS (DRPs) IN POLYTHERAPY PATIENTS

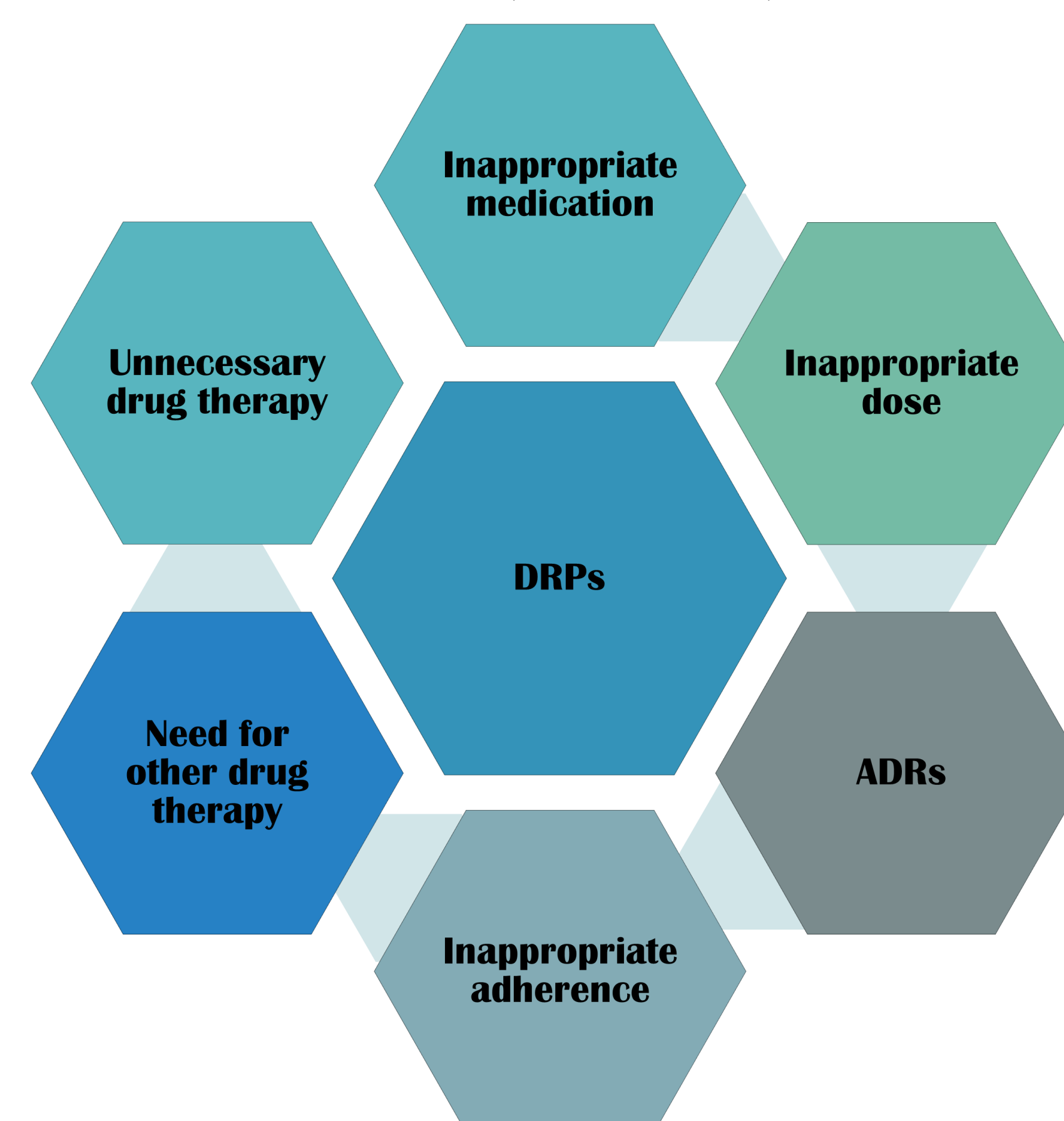
F. MORTILLARO¹, A. LISTRO¹, S. DOMINICI², M. PASTORELLO².

¹UNIVERSITY OF PALERMO, GRADUATE SCHOOL IN HOSPITAL PHARMACY, PALERMO, ITALY.

²PROVINCIAL HEALTH COMPANY OF PALERMO, INTERCOMPANY PHARMACEUTICAL DEPARTMENT, PALERMO, ITALY.

Background and importance

What happens if I don't do Medication Reconciliation and Medication Review? Patients are exposed, especially in care transitions, to DRPs, including Adverse Drug Reactions ADRs that could cause rehospitalization. How many clinical symptoms are related to disease or hidden ADRs? The Clinical pharmacist, through remote monitoring provides, can support the GP by a periodic analysis of the therapy followed by the individual patient.

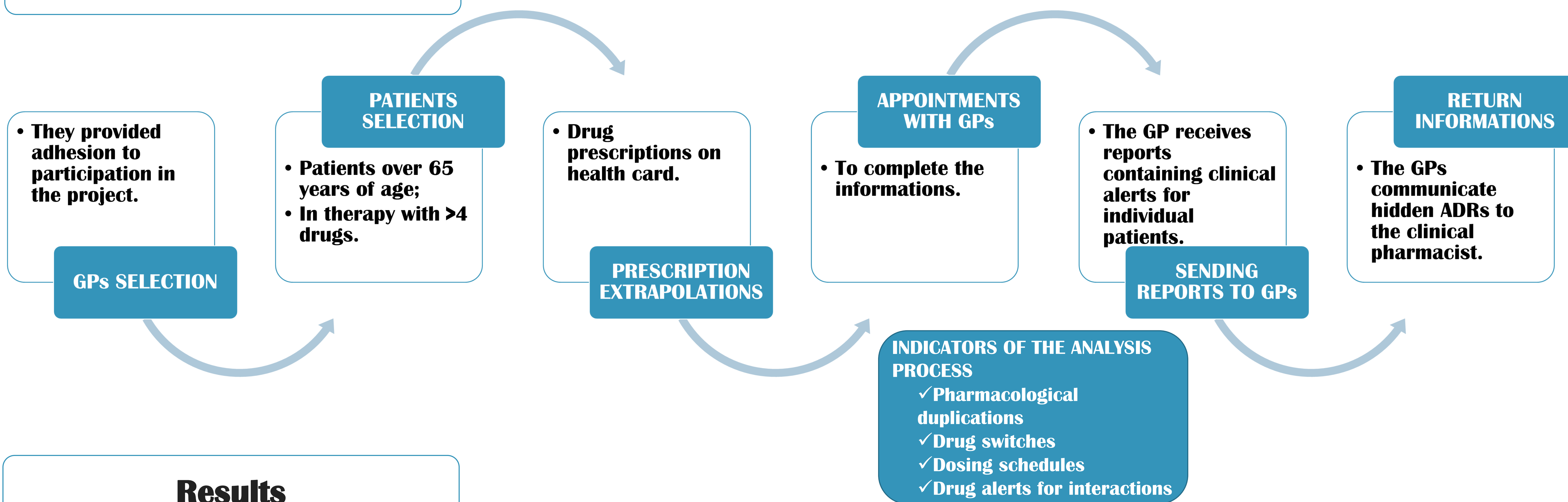


Aim and objectives

To outline a pharmaceutical care and drug monitoring methodology based on Pharmacist-GP collaboration to identify DRPs that could generate predisposing clinical conditions that can be identified as signs of hidden ADRs.

Material and methods

The following operating procedure has been outlined.



Results

GPs

• 24/1304 (%1,84)

DRUGS AND DOSING SCHEDULES ANALYSED

• 1348

HIDDEN ADRs

• 10

PATIENTS

• 149

UNMOTIVATED DRUG SWITCHES

• 23/72 (%31,94)

THE MOST DETECTED DRUG ALERTS FOR INTERACTIONS

- Fluoroquinolone - quetiapine
- Statin - clopidogrel
- ASA - omega-3

AVERAGE AGE

• 72 YEARS

DRUGS ALERTS FOR INTERACTIONS

• 2357

Conclusion and relevance

The identification of hidden ADRs in polytreated patients avoided the inclusion of a new drug to treat the clinical symptom not related to a new disease. The next goal is to integrate the patient into the path, a valuable source of information currently unavailable, thus implementing territorial health care through narrative pharmacovigilance that will allow a complete picture of the individual patient.

