



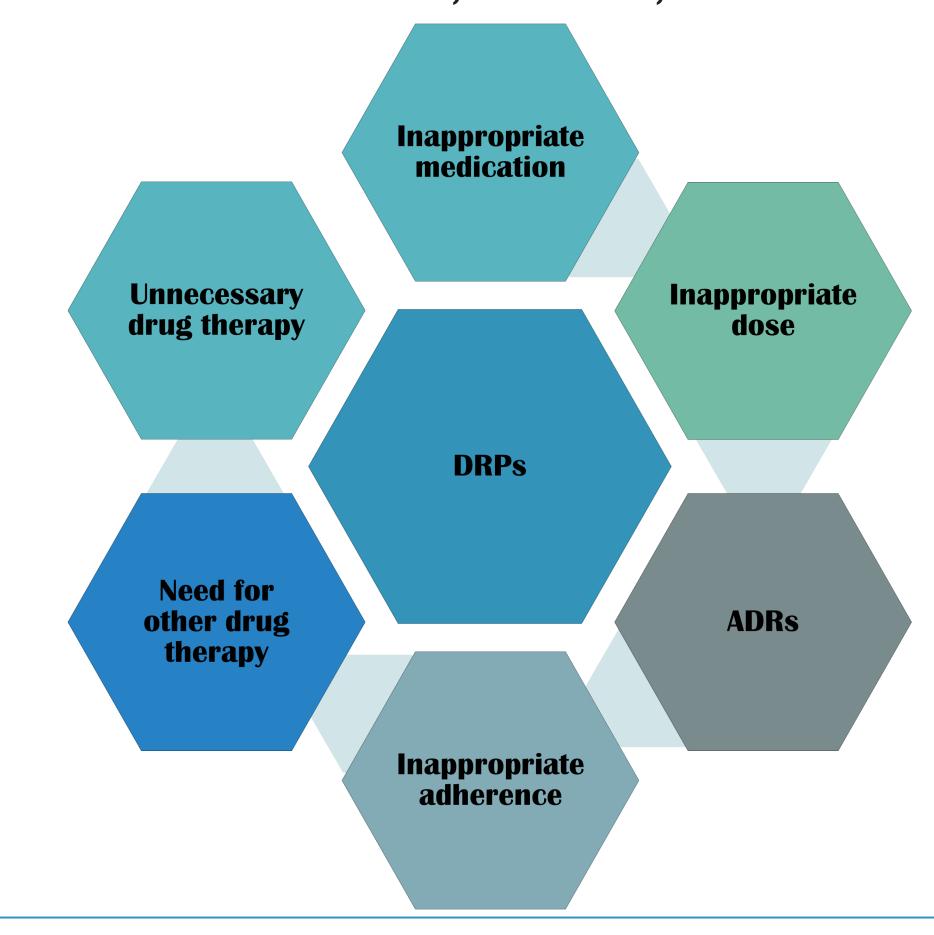
PHARMACISTS - GENERAL PRACTITIONERS (GPs) COLLABORATION TO IDENTIFY DRUG-RELATED PROBLEMS (DRPs) IN POLYTHERAPY PATIENTS

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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.

The following operating procedure has been outlined. Material and methods **PATIENTS APPOINTMENTS** RETURN **INFORMATIONS SELECTION** WITH GPs The GP receives They provided • Drug adhesion to prescriptions on reports Patients over 65 The GPs • To complete the health card. participation in containing clinical informations. years of age; communicate the project. alerts for hidden ADRs to • In therapy with >4 individual the clinical drugs. patients. pharmacist. **PRESCRIPTION** SENDING **GPs SELECTION REPORTS TO GPs EXTRAPOLATIONS INDICATORS OF THE ANALYSIS PROCESS ✓ Pharmacological** duplications **✓ Drug switches ✓ Dosing schedules** Results **✓ Drug alerts for interactions**

• 24/1304 (%1,84)

DRUGS AND DOSING SCHEDULES ANALYSED

· 1348

HIDDEN ADRS

• 10

PATIENTS

149

GPs

UNMOTIVATED DRUG SWITCHES

23/72 (%31,94)

DRUGS ALERTS FOR

THE MOST DETECTED DRUG ALERTS FOR INTERACTIONS

- Fluoroquinolone quetiapine
- Statin clopidogrel
- ASA omega-3

AVERAGE AGE

• 72 YEARS

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.

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