

COLLABORATION BETWEEN HOSPITAL PHARMACY AND PRIMARY CARE PHARMACY: ASSESMENT OF ANTIRETROVIRAL AND ANTINEOPLASTIC TREATMENT WITH ANTIULCER TREATMENT PRESCRIPTION

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Background:

- Some patients get prescriptions from the Primary Care Physician (PCP) and the Specialist Attention Physician (SAP) at the same time, without a previous pharmaceutical validation that detects a potential interaction between them.
- Concomitant treatment of some antiretrovirals or antineoplastics drugs with antiulcer therapy leads to a decreased absorption and a consequent loss of efficacy of antiretrovirals and antineoplastics drugs.

Objetives:

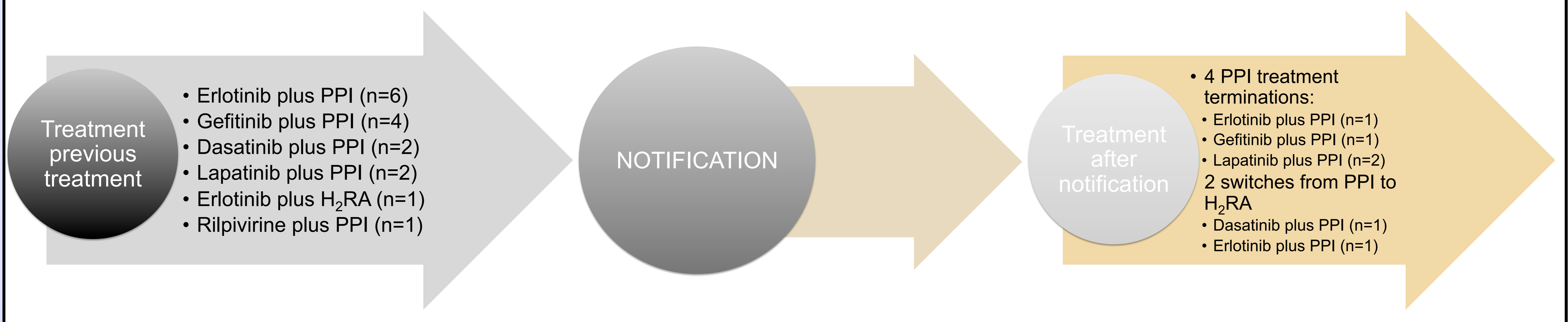
- Identify patients who are under antiretroviral/antineoplastic and antiulcer treatment concomitantly.
- Propose PCP and SAP the convenience of antiulcer treatment.
- Evaluate the effect of this strategy.

Materials and methods:

- Patients in treatment with rilpivirine, erlotinib, gefitinib, dasatinib and lapatinib were identified from Outpatient Hospital Pharmacy Unit.
- Patients in treatment with proton pump inhibitors (PPI) and H₂ receptor antagonists (H₂RA) were checked from Primary Care Information System, from May 2014 to September 2014.
- Once our target patients were identified, Primary Care Pharmacy Department reported the interaction to PCPs involved, suggesting either a switch from PPI to H₂RA, a dosage modification or treatment termination.

Results:

Mean age was 66.8 years (range 49-82); 68.75% men.



Conclusions:

- It is necessary improves coordination between Primary Care Pharmacy and Hospital Pharmacy to identify and minimize drug related problems.
- It would be advisable to develop a unique pharmacotherapeutical record in order to provide effective pharmaceutical care and investigate a better tool of communication with physicians because the effect of the intervention was moderated (25%).