

IMPACT OF THE PHARMACIST EN THE OPTIMIZATION OF ANTIRETROVIRAL THERAPY IN HIV PATIENT CONSULTATIONS

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BACKGROUND

HIV is a disease associated with high costs. Therefore, multidisciplinary collaboration is essential to improve the efficiency.

To evaluate the impact of the integration of pharmacists in HIV consultations to optimize antiretroviral therapy(ART).

MATERIAL AND METHODS

Quasiexperimental prospective study in HIV patients with ART in a university hospital. The resident pharmacist was integrated for one month (October 2013) in the HIV specialist consultations. Viral load(VL), CD4, duration and treatment lines, resistances and comorbidities were evaluated. The pharmacist reviewed the ART and its possible switch to optimize it in order to reach the pharmacoeconomic indicator set by the Health System in 2013 (683 euros/month per patient).

RESULTS

70 patients were included

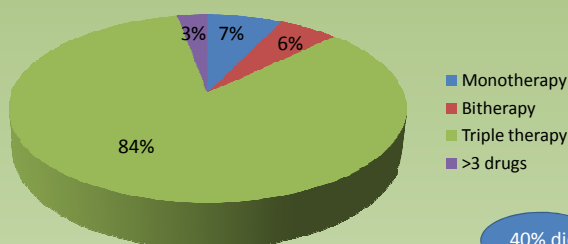
75.0% male, mean age 47 [28-73]

9 with VL detectable (≥ 50 copies/ml)

- 4 nonadherent [adherence<90%]
- 2 naives
- 2 blips
- 1 resistant to ART

CD4 cell count: 583(49-1.484)/mm³

(629/mm³ in patients with undetectable VL)



■ Monotherapy
 ■ Bitherapy
 ■ Triple therapy
 ■ >3 drugs

40% did not reach the goal of pharmacoeconomic indicator

Cost therapy: 358-1483 €

After the pharmacist intervention:

- ✓ 18%(5 patients) one drug of ART was modified or suspended
- ✓ 32%(9 patients), although the interventions were accepted, the ART changes depended on the next blood analytical
- ✓ 50%(14 patients), it was not appropriated the change of ART
 - 6 low adherence
 - 2 on treatment less than 6 months
 - 2 psychiatric conditions
 - 2 resistances
 - 2 HBV coinfection



The savings due to the interventions were **14.615 euros/year**

CONCLUSIONS

The integration of the pharmacist for a month, extrapolated to the total of patients on ART in our hospital (661 patients), would yield an annual savings of 138.005 euros. Therefore, pharmacist integration into the medical team improved the efficiency of ART.