



## IMPACT ON DRUG ADHERENCE AND VIRAL LOAD AFTER PHARMACEUTICAL INTERVENTION IN SELECTED HEPATITIS B OUTPATIENTS

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### BACKGROUND

The Outpatients' Pharmacy Unit (OPU), in consensus with Digestive Service (DIG), held an intervention on selected chronic hepatitis B Virus (HBV) infected outpatients. It consisted of decreasing the frequency of oral treatment from a monthly to a bimonthly basis. The aim was to **reduce the patient visits to the hospital and to diminish the healthcare burden in order to use human resources to improve pharmaceutical care.**

### PURPOSE

To evaluate the **impact in adherence and viral load (VL) after dispensing treatment on a bimonthly basis** instead of a monthly basis to selected HBV outpatients.

### MATERIAL AND METHODS

In **May 2014**, patients were transversely selected by OPU following the criteria by consensus with DIG:

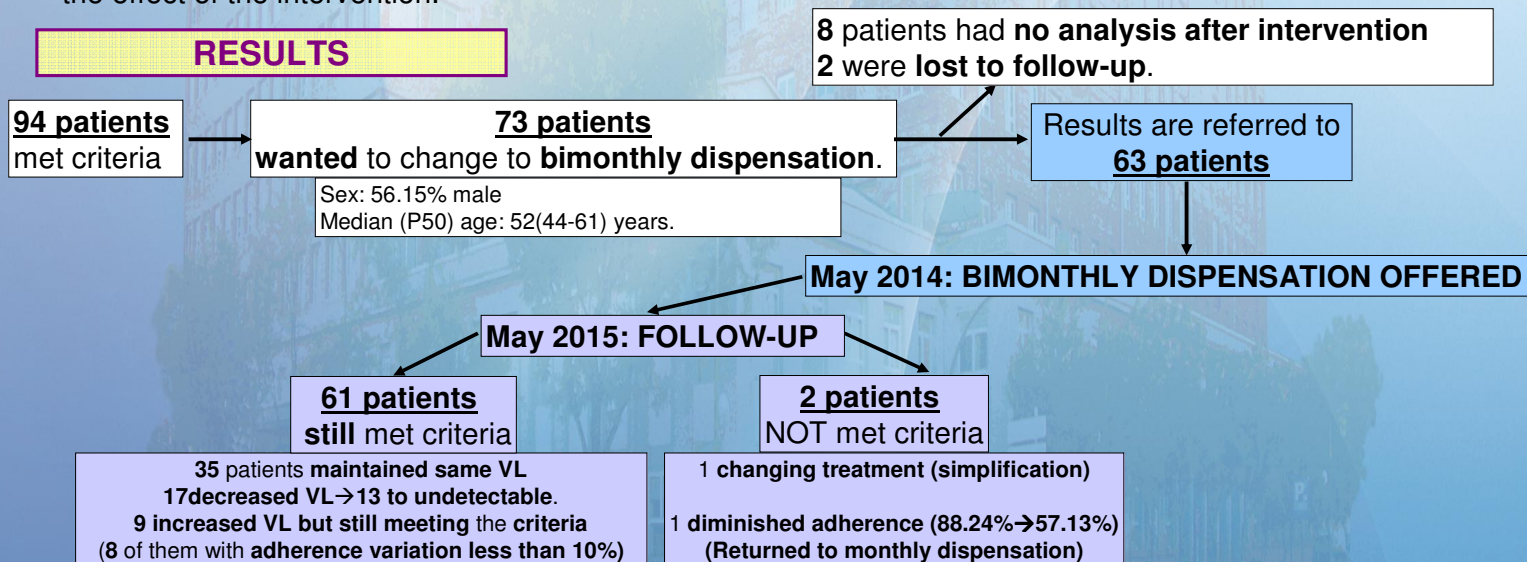
- age over 18 years old
- any oral drug (alone or combined) for HBV infection
- HBV VL less or equal to 100 copies/ml in their last analysis,
- on stable treatment since at least 6 months previously to this study
- related adherence throughout that period over 80%.

**All selected patients were informed about the importance of adherence** and bimonthly dispensation was offered to them.

The next set of **data was collected from medical records**: sex, age, VL. Adherence was measured by indirect methods from dispensation programme registry (Farmatools®).

In **May 2015**, adherence since intervention and VL **values were revised** for the selected patients to evaluate the effect of the intervention.

### RESULTS



### CONCLUSION

**Bimonthly dispensation is a safe tool** for maintaining stable adherence and VL in selected patients.

It could be used to:

- rationalise the use of the limited human resources of pharmacy services.
- reduce the patient visits to the hospital.

Conflict of interest: Nothing to disclose.

References: Ibarra, O. Adherencia al tratamiento VHB. Grupo Hepatopatías Viricas. SEFH. 2 junio 2010. Barcelona.