

BIOLOGICS ARE A NEW CHALLENGE FOR HOSPITAL PHARMACISTS - PILOT STUDY OF PATIENT ADHERENCE

DI-043

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Background

Dispensing biologic drugs have become an exclusive competency of hospital pharmacists both to in- and outpatients in the previous years in Hungary. Poor adherence to biologics can undermine the effectiveness of these medications. It is an established fact that measuring and improving adherence has numerous clinical and economical benefits. Thus, routine monitoring have been recommended, but currently there are no standardized methods to track adherence to biologics (e.g. Blum M. A., Koo D., Doshi J. A. *Measurement and Rates of Persistence with and Adherence to Biologics for Rheumatoid Arthritis: A Systematic Review. Clin. Ther. 2011; 33: 901-913*), furthermore the role of pharmacist has not been supported by studies.

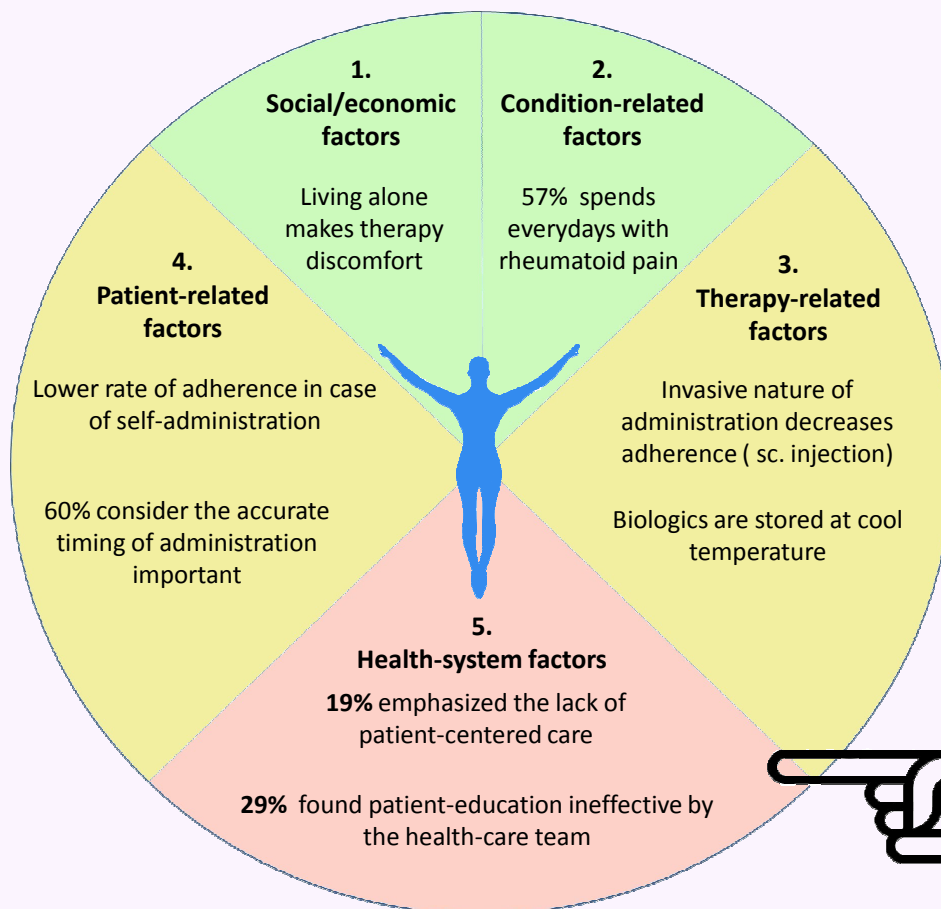
Purpose

Aim of our pilot study was to measure **rheumatology outpatients' adherence to biologics**, identify medication errors and to evaluate the five adherence modifying factors defined WHO. Our further objective was to improve the safe and effective storage/use of medications and to **identify critical intervention points** for hospital pharmacists.

Materials and methods

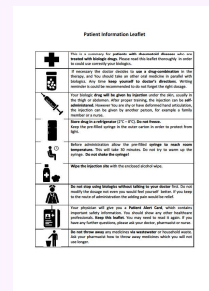
A **31-item self-administered questionnaire** was developed by the authors based on an assessment of published literature and a four point Likert scale was used to identify lower levels of adherence. Outpatients receiving biologics for more than 12 months were included in our study. All patients were **interviewed by the hospital pharmacist**.

Results (Based adherence modifying factors)



Out of the 382 rheumatology patients in our hospital **106 responders** have filled in our questionnaire (response rate 28%).

21,7% (n=23) of our patients were identified **non-adherent** by the compliance questionnaire rheumatology score.



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(Patient leaflet)

Conclusion

The ineffective patient-education caused wrong self-administration procedures and inappropriate storage several times (n=20). Adding a pharmacist to the health-care team has many benefits in improving adherence. As an outcome of our study a **specific patient leaflet** has been developed aiming to optimize outcomes and minimize risks of biologics used in rheumatoid diseases. However this pilot study has limitations and cannot be generalized, any future work will need to create standardized methods to measure adherence to biologics at the population level.