

POTENTIAL DRUG-DRUG INTERACTIONS IN PATIENTS ADMITTED TO A TRAUMA HOSPITAL

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Background

The current complexity of pharmacotherapy in trauma patients increases the risk of drug-drug interactions (DDI).

Settings and Methods

One-day retrospective observational study performed in patients admitted to a trauma hospital. The following variables were recorded for each patient from the database of the pharmacy: sex, age and pharmacology treatment during a day of hospitalization.

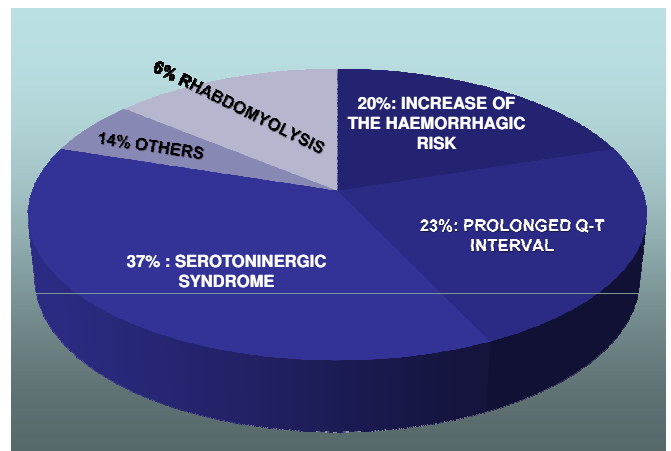
A Spanish DDI database (Medinteract NR) was used to determine potential DDI.

Results

- ❖ 110 patients (54 ♂ and 56 ♀)
- ❖ Mean age: 61 years (range 13 – 94); 45% > 65 years old
- ❖ Mean number of drugs prescribed per patient: 8.8
- ❖ 357 potential DDI detected in 89 (out of 110 patients)
 - ❖ 30 potential DDI were severe
 - ❖ 327 potential DDI were moderate
- ❖ Mean potential DDI per patient: 3.5

Objective

The aim of this study is to identify potential DDI (severe/moderate) and its clinical relevance in patients admitted to a tertiary trauma hospital in an ordinary day.



THE MOST FREQUENT DRUGS INVOLVED IN THE SEVERE POTENTIAL DDI :

SEROTONINERGIC SYNDROME	PROLONGED Q-T INTERVAL	HAEMORRHAGIC RISK	RHABDOMYOLYSIS
Association of an opioid analgesic with a selective serotonin reuptake inhibitor: FENTANYL / TRAMADOL + CITALOPRAM / MIRTAZAPINE / VENLAFAXINE / FLUOXETINE	QUETIAPINE + HALOPERIDOL QUETIAPINE + CITALOPRAM	ENOXAPARIN + ACENOCOUMAROL ENOXAPARIN + ACETYSALICYLIC ACID	SIMVASTATIN + RISPERIDONE SIMVASTATIN + AMLODIPINE

Conclusions

Due to the high incidence of potential DDI, if it is possible, the pharmacist should play two key roles when facing a potential interaction:

- to suggest an alternative with the same therapeutic profile, but without the interaction risk;
- to evaluate the benefit/risk balance and if it is worth to take the risk, to follow closely the patient and warn the rest of the medical staff.