

SCREENING FOR CLINICALLY RELEVANT INTERACTIONS IN LIVER TRANSPLANT PATIENTS

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BACKGROUND

Drug-drug interactions are a frequent problem in liver transplant (LT) patients, further hindering pharmacotherapeutic management, which is a very important risk to the patient's life.

PURPOSE

Detect drug-drug interaction of clinical relevance in patients LT in a tertiary hospital.

MATERIAL AND METHODS

Descriptive transversal study of the LT patients in our hospital during the year 2011 which were admitted to the Digestive Surgery Unit (DSU).

Analyzed variables were: sex, number of drugs prescribed at admission and number of days of hospitalization in the DSU.

Data were collected from clinical and pharmacotherapeutic history and log unit dose dispensing.

Drug-drug interactions were detected and analyzed by the database Micromedex Healthcare series®.

The results were analyzed with the statistics software SPSS v.19.

RESULTS

- From a total of 51 transplant patients, we included 44.
- 75% of patients were male and 25% female, mean age of patients was 53 ± 12 years. The median number of days remaining in hospital was 11 [9.18] days. The mean number of drugs prescribed on admission was 11 ± 2.5 drugs / patient.
- The total number of drug interactions detected was 210 of which 153 (72.9%) were clinically relevant, representing a prevalence of 84.1% of liver transplant patients.
- The main variables studied, it was found that only the number of drugs prescribed is directly proportional ($p < 0.05$) the number of clinically relevant interactions detected, thus obtaining no relationship between age, sex and the number of days that these patients remain hospitalized.

CONCLUSION

1. Liver transplant patients are critically ill patients with high therapeutic complexity which has detected a high prevalence of clinically relevant interactions related to polypharmacy and the use of high-risk medications.
2. It would be beneficial the presence of the pharmacist in this Unit to comprehensively review the therapy of these patients.