



RECONCILIATION OF WEEKLY METHOTREXATE FOR NON-ONCOLOGIC USE: RESULTS FROM A PROSPECTIVE COHORT

Adrián Viudez-Martínez¹, Ana Ramírez-López¹, Javier López-Nieto¹, Eduardo Climent-Grana¹, Gerónima Riera¹

¹ Servicio de Farmacia, Hospital General Universitario Doctor Balmis de Alicante

OBJETIVES

To identify and prevent methotrexate (MTX)-related medication errors for non-oncologic use by medication reconciliation at hospital admission while analysing errors' type prevalence.

MATERIAL AND METHODS

Design: prospective cohort performed in a tertiary hospital from September 2021 to April 2023.

Inclusion criteria: Inpatients with weekly methotrexate for non-oncologic use.

Intervention applied: medication reconciliation at hospital admission comparing inpatient's e-prescription, clinical record, outpatient medication history and pharmacist-driven interview.

Data analysed: demographic data (age, sex, admission cause) treatment-related data (indication, methotrexate and folic acid posology, administration route, day of the week).

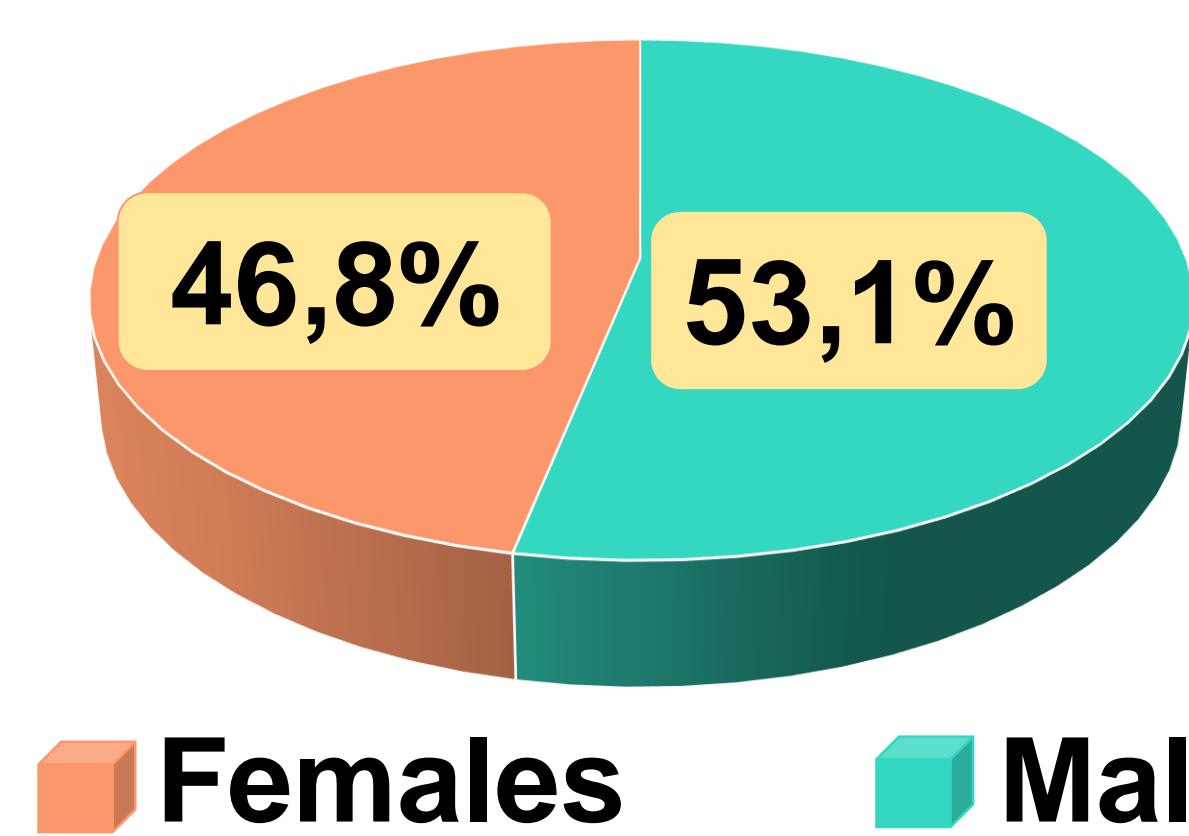
RESULTS

1

n = 79 hospital admissions

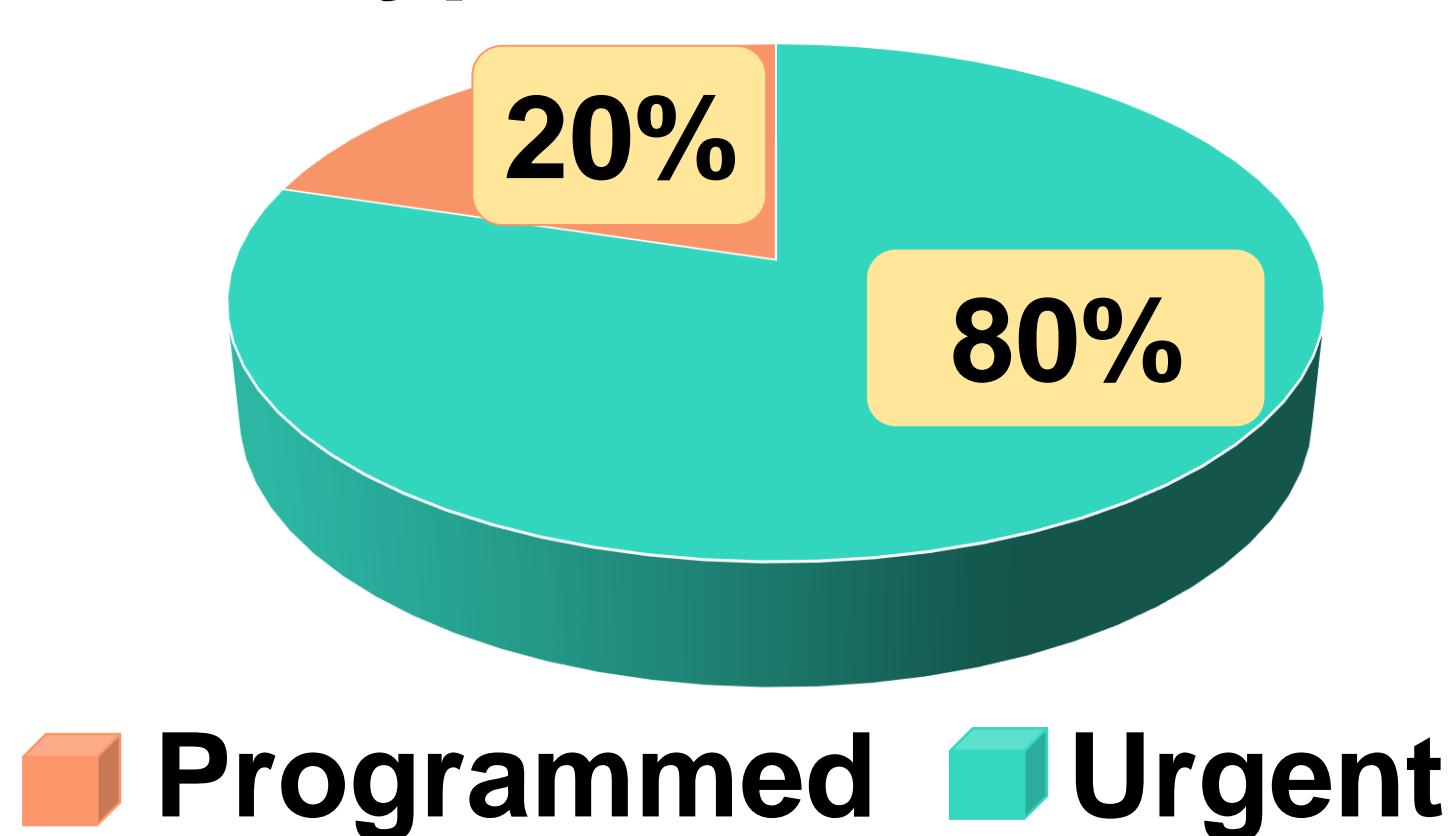
Median: 72 years

Sex distribution

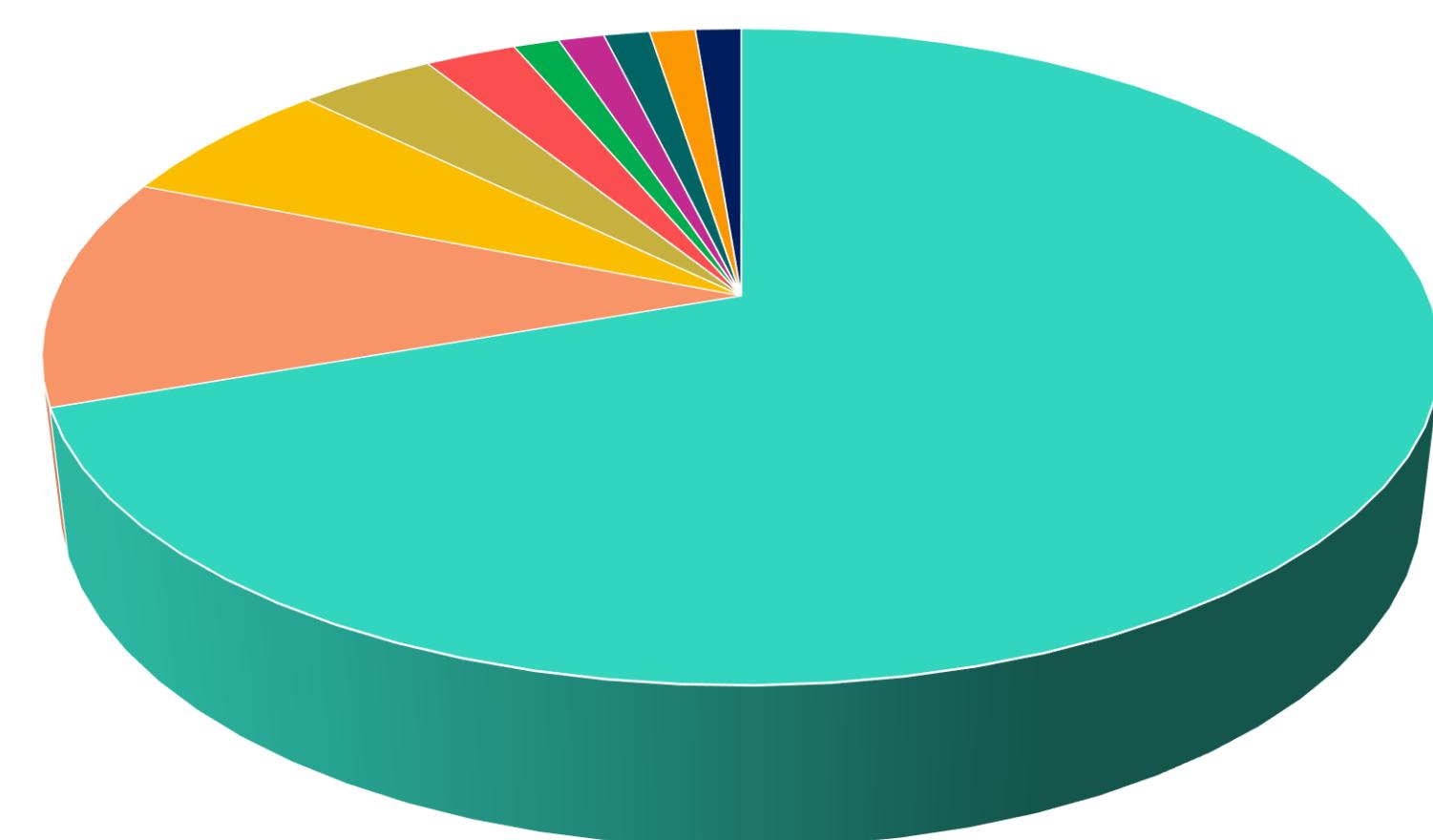


Range: 18-96 years

Type of admission



Therapeutic indication



- Rheumatoid arthritis (69.6 %)
- Psoriatic arthritis (11.4 %)
- Chronic polyarthritis (6.3 %)
- Rheumatic polymyalgia (3.8 %)
- Pulmonary sarcoidosis (2.5 %)
- Still's syndrome (1.3 %)
- Spondyloarthritis (1.3 %)
- Pemphigus (1.3 %)
- Rheumatic fever (1.3 %)
- No indication (1.3 %)

2

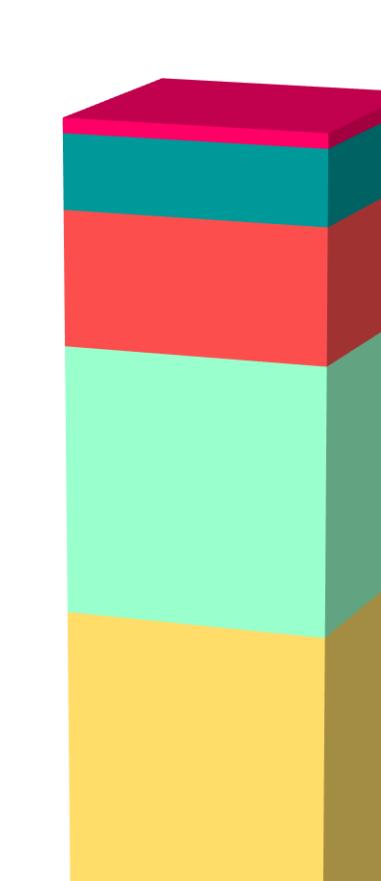
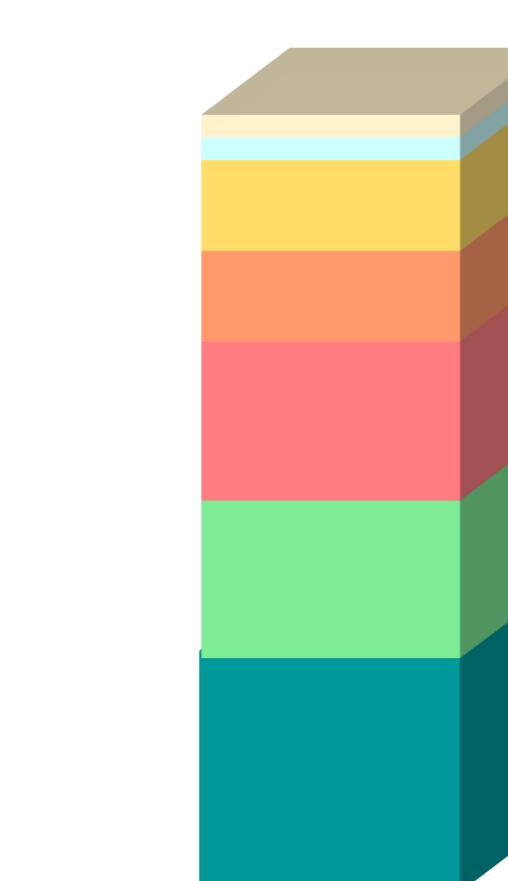
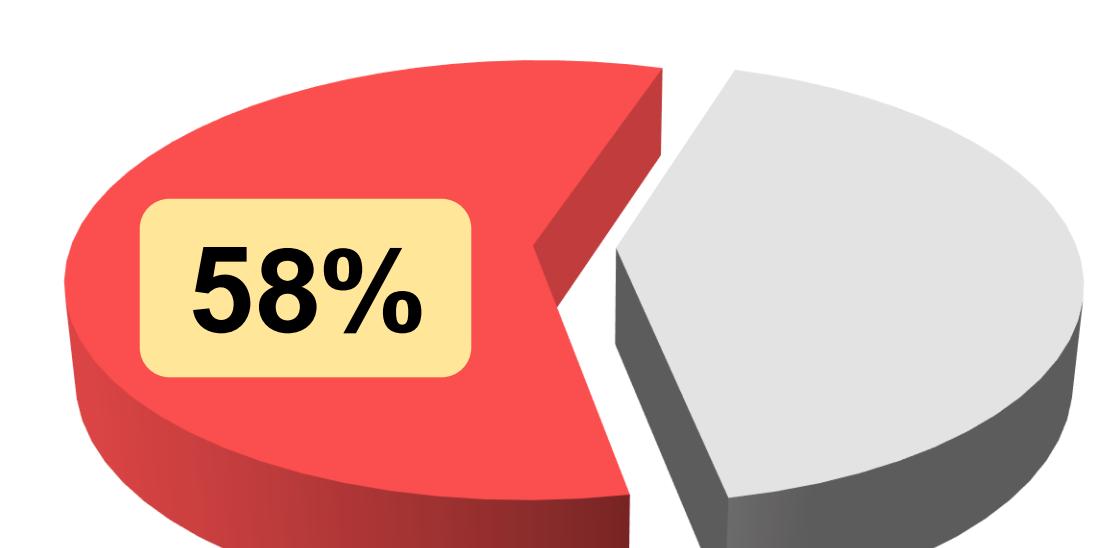
79 episodes analysed

55 prescriptions with 1≤ errors (93 total errors)

MTX-related errors



Folic acid related errors



- No indication (2.6 %)
- Administration route (2.6 %)
- Omission (10.3 %)
- Dose and administration route (10.3 %)
- Dose and day (17.9 %)
- Day (17.9 %)
- Dose (38.5 %)

- Drug (1.9 %)
- Dose (9.3 %)
- Dose and day (16.7 %)
- Day (33.3 %)
- Omission (38.8 %)

Due to prompt medication reconciliation only one medication error reached a patient yet causing no harm

CONCLUSION AND RELEVANCE

Medication reconciliation programs led by clinical pharmacists are effective for preventing medication errors. The present study reflects this statement since it detected medication errors in 70% of the episodes analysed, preventing patients from their potential harm.