

Evaluation and optimisation of the medication in patients with ileostomy

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What was done?

- Evaluation whether and which drug-related problems (DRP) occur in stoma patients
- Suggestions for optimising medication
- Collection of relevant drug data (t_{max} , site of absorption, etc.)
- Survey of the need for further pharmaceutical interventions

Why was it done?

Creation of a stoma means...

- change in secretion, intestinal motility and absorption
- consequences for the absorption of drugs or certain drug forms.
- Ileostomy patients may more likely experience difficulty in absorbing and, therefore, gaining maximum benefit from oral medications.

How was it done?

Over a period of 21 weeks, medication of ileostomy patients (new created and pre-existing) hospitalised in various wards was screened.

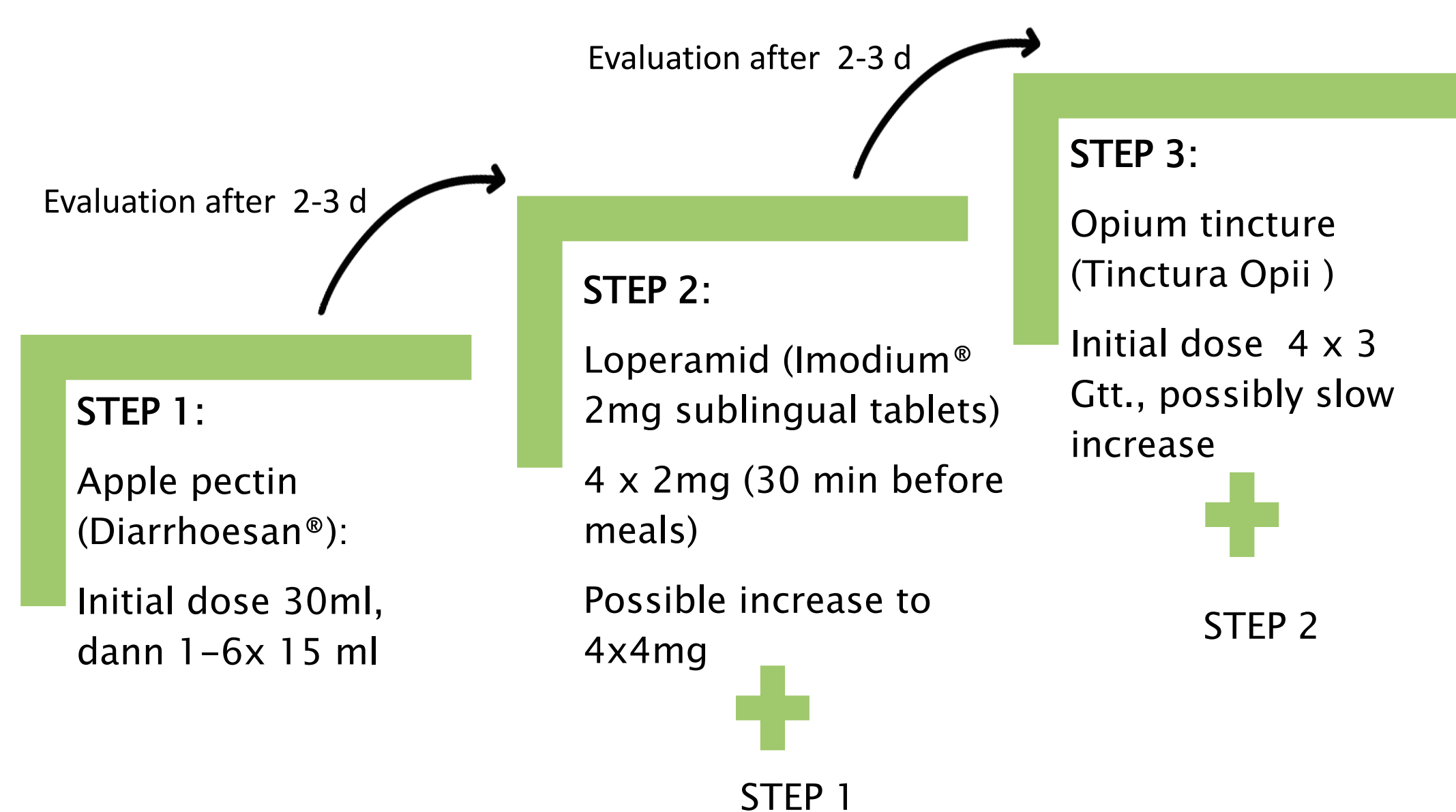
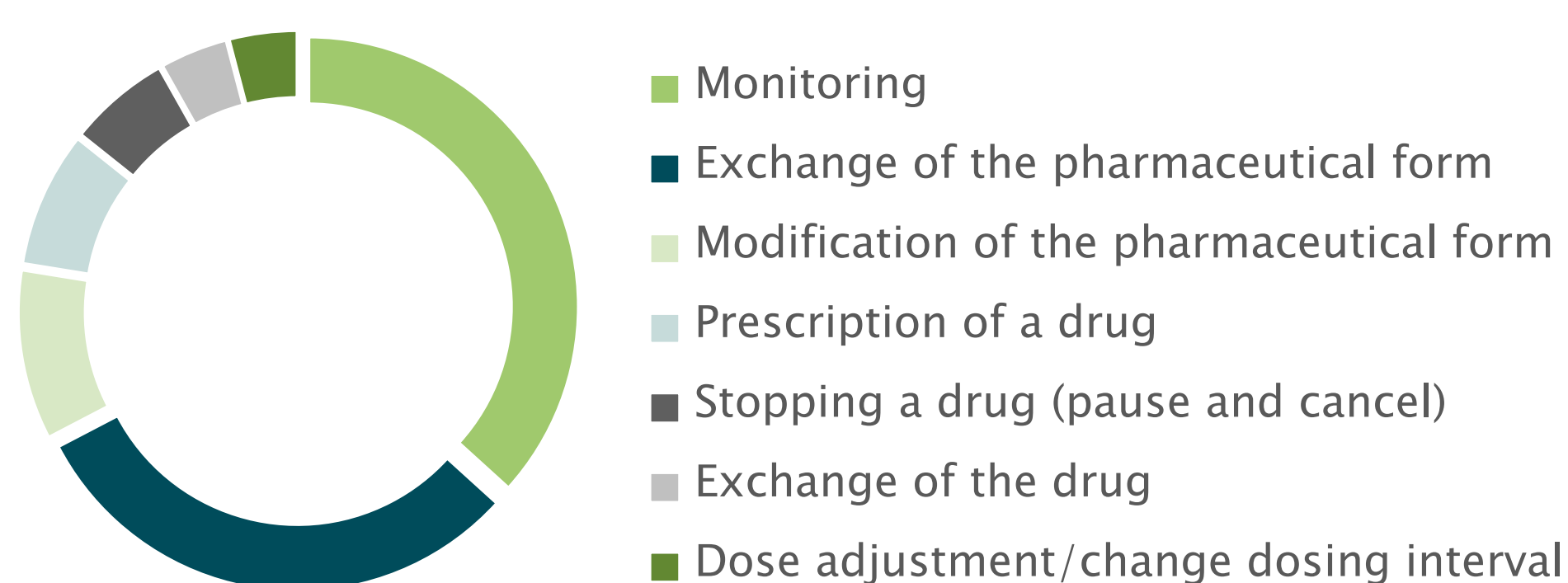


What has been achieved?

- 79 DRPs were identified in 15 medication reviews, of which 49 (62%) were classified as stoma associated DRPs
- Acceptance of the interventions was also recorded (82%)

- Since a HOS (High output syndrome) occurred frequently, an escalation scheme for the therapy of liquid stool and/or stool volumina ≥ 1500 ml/day was established.

INTERVENTIONS



What next?

Due to these results it can be assumed that ileostomy patients benefit greatly from pharmaceutical interventions, and that clinical-pharmaceutical care of ileostomy patients contributes to the drug therapy safety of this patient group and is therefore now being continued and incorporated into everyday clinical practice. In addition, further projects such as the creation of an standard operation procedure (SOP) for the interdisciplinary care of ileostomy patients are in progress.

