







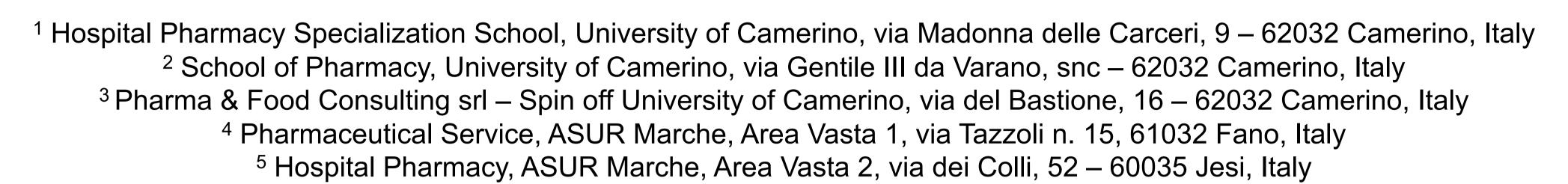
DYSPHARMA: AN ITALIAN WEB-APPLICATION FOR DRUG THERAPY MANAGEMENT IN DYSPHAGIC PATIENTS



www.dyspharma.it

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S. Logrippo¹, G. Bonacucina^{2,3}, M. Sestili⁴, A. Caraffa¹, M. Cespi^{2,3}, R. Ganzetti⁵



*mail: dyspharma@gmail.com

What was done?:

To properly manage oral therapy in dysphagic patients, a multidisciplinary team developed an algorithm and applied it to over 8000 medicinal products available as solid oral dosage forms (SODSs). A web-based, decision-making tool was launched to support healthcare providers (HCPs) during the prescription, compounding and administration of SODFs to dysphagic patients.

Why was it done?:

Dysphagia is a well-known community issue that affects primarily aged people [1]. The availability of appropriate dosage forms for dysphagic patients is essential to guarantee therapy adherence. Extemporaneous compounding of SODSs (e.g. crushing tablet or opening capsules and dispersing the obtained powder in an appropriate base or vehicle) is a common practice due to the unavailability of different dosage forms to satisfy the current needs of patient. However, compounding practice is neither risk-free nor error-free [2]. The aim of the work was to realise a web application to support HCPs in drug therapy management of dysphagic patients.

How was it done?:

An extensive review of the Italian pharmaceutical market database, product characteristic summaries and scientific literature were used for data collection. For each prescription drug formulated as SODF, an information sheet was elaborated and continuously updated.

What has been achieved?:

DysPharma (www.dyspharma.it) is an on-line support currently available and under restyling. By registering and logging-in, it is possible to access technical content (Figure 1) that comprises medicinal product details, drug-food interactions, extemporaneous compounding methods, and risk symbols (Figure 2).

Medicinal products can be searched ingredient name, medicinal product name, and authorisation. by active marketing Customised symbols are reported for:

- do not crush tablets (A) or open capsules (B),
- do not split tablets (C),
- to wear personal protection devices in case of manipulation of hazardous drugs (D),
- drug associated with dry mouth (E).











(D) INDOSSARE DISPOSITIVI DI PROTEZIONE IN CASO DI MANIPOLAZIONE

(E) IL FARMACO PUÒ CAUSARE SECCHEZZA DELLE FAUCI

Figure 2: Risk symbols.

What next?:

This decision support tool may be integrated with computerised medical records to reduce medication-prescribing and administering errors and to improve clinical outcomes of dysphagic patients.

References:

[1] Clavé, Pere, and Reza Shaker. "Dysphagia: current reality and scope of the problem." Nature Reviews Gastroenterology & Hepatology 12.5 (2015): 259. [2] Logrippo, Serena, et al. "Oral drug therapy in elderly with dysphagia: between a rock and a hard place!" Clinical interventions in aging 12 (2017): 241.



Conflict of interest: The authors declare no conflict of interest and any financial relationship and support with pharmaceutical companies and industries.

VISUALIZZA

DysPharma

VISUALIZZA

database.

Nome Farmaco: CARDIOASPIRIN*30CPR GAST 100MG

Principio Attivo / Dosaggio: Acido acetilsalicilico / 100MG

Forma farmaceutica: COMPRESSE GASTRORESISTENT

logopedista per l'utilizzo di un veicolo con viscosità adeguata.

rotte per assicurarne il rilascio nell'ambiente alcalino dell'intestino [1]. Si consiglia di valutare l'opportunità di utilizzare Lisina Acetilsalicilato in polvere uso orale solubile in acqua (100 mg). In caso di rischio di aspirazione, consultare un

Assorbimento dopo la somministrazione della forma farmaceutica integra: Dopo somministrazione orale, l'acido acetilsalicilico è rapidamente e completamente assorbito dal tratto gastrointestinale. Dopo l'assunzione di Acido acetilsalicilico compresse gastroresistenti, i massimi livelli plasmatici di acido acetilsalicilico e acido salicilico sono

raggiunti dopo circa 5 ore e 6 ore, rispettivamente, in seguito alla somministrazione a digiuno. Se le compresse vengono assunte con il cibo, i massimi livelli plasmatici si raggiungono circa 3 ore più tardi rispetto alla somministrazione a

Interazioni farmaco-alimenti: Non sono documentate interazioni farmaco-cibo clinicamente rilevanti, ma gli effetti avversi gastro-intestinali si riducono in presenza di cibo, pertanto somministrare immediatamente prima o dopo un pasto o un bolo di nutrizione enterale, oppure, in caso di nutrizione enterale continua, somministrare immediatament

Bibliografia: [1] CARDIOASPIRIN*30CPR GAST 100MG, Scheda Tecnica. [2] Nissen L. Australian Don't rush to crush Handbook, SHPA 1st Edition 2012

dopo l'interruzione della nutrizione e riprendere la nutrizione subito dopo la somministrazione [2]

Figure 1: Example of technical content of 100 mg cardioaspirin

tablets elaborated for each medicinal product listed in DysPharma