



ANALYSIS OF THE IMPLEMENTATION OF A MULTIDISCIPLINARY PHARMACEUTICAL CARE PROJECT FOR GERIATRIC HEMATO-ONCOLOGY PATIENTS.

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Background and importance

The elderly constitute a large percentage of patients with hematologic malignancies. It is estimated that this percentage will grow due to the ageing of the population and the new therapeutic targets that manage to control and chronify the disease. They present cognitive impairment, malnutrition, physical dependence and polymedication, requiring a comprehensive and multidisciplinary approach.

Aim and objectives

To design a pharmaceutical care protocol for geriatric hemato-oncology patients and to evaluate the results.

Material and methods

Prospective observational study

From January 2022 to September 2023

Pharmaceutical Care Consultation for oncohematological patients of a tertiary hospital.

The hematologist selected the most fragile patients with the G8 scale and with the highest number of comorbidities evaluated with the CIRS-G scale and sent them to the Pharmacy consultation.

Pharmacist in charge made a previous evaluation of:

- Home medication
- Self-medication
- Alternative medicine

Aim:

- Detect drug interactions
- Detect therapeutic duplications
- Detect inappropriately prescribed drugs: Using the START-STOPP criteria
- Assess the possible deprescription of polymedication and lack of adherence: Using the Morisky-Green test.

In the event of detecting any errors in medication intake, interactions of interest or adverse reactions, pharmaceutical interventions were made in the patient's clinical history for consultation by any health professional.

Results

40 patients were attended. 68% men and 32% women

Median age: 80 years.

Adherence to hemato-oncologic treatment was improved by 90%.

35 pharmaceutical interventions were carried out:

3	Dosage and way of taking the treatment
10	Pharmacological interactions in which it was necessary to substitute a drug in the treatment
5	Therapeutic duplication
8	Use of herbal products and multivitamin complexes that interacted with their treatment
4	For not attending their medical check-up in two years
5	had prescribed medication of little therapeutic value and with a high anticholinergic load that was suspended from the treatment.

Conclusions and relevance

The hospital pharmacist has an important role in the pharmaceutical care of geriatric hemato-oncology patients by creating multidisciplinary work protocols offering personalised treatment.

