INVESTIGATION OF DRUG–DRUG INTERACTIONS IN HOSPITALIZED PATIENTS IN A PALLIATIVE SERVICE

BACKGROUND AND OBJECTIVE

As death approaches, patients are at their most frail, but an increasing symptom burden often necessitates an increase in medications, putting them at higher risk for drug–drug interactions. Especially, palliative care clinics need special attention in terms of drug-drug interaction and its effects since they generally provide healthcare services for geriatric patients suffering from specific diseases such as Alzheimer, cancer and advanced organ failure. The aim of this study is to detect and evaluate potential drug-drug interactions in patients receiving medical care in a palliative care clinic on a certain date using the frequently preferred online drug interaction program Lexicomp® database.

METHODS

Within the scope of the study, a pharmacist examined drug treatments of the patients receiving medical care in the palliative care clinic of a state hospital located in Eskisehir on September 27th 2023. All potential drug-drug interactions and their severity between the drugs listed in the patients' orders for the date specified above were determined by using the Lexicomp® drug interaction program.

RESULTS

A total of 36 patients receiving medical care in the palliative care clinic were included in the study on that specified date. The average value (± st deviation) calculated for the ages of these patients was approximately 83 years. In total, 541 drug-drug interactions were identified by Lexicomp® database. The number of interactions identified in Lexicomp® was reduced to 196 when recurring interactions were removed from the list. Of these 196 interactions, 7 were at X level, 18 at D level and 144 at C level and 27 at B level. No interactions were identified at A level. The most frequent drug drug interacting pair determined in Lexicomp® was haloperidol-quetiapine.

CONCLUSIONS

A multidisciplinary study of the nature of physiological aging and its impact on drug use and possible manifestations of drug-induced diseases in elderly patients is an important element in reducing interactions in the elderly. For those interactions that have come to clinical attention, it is important to review why they happened and plan for future prevention. The use of drugs should be reviewed regularly and unnecessary agents should be withdrawn if possible, with subsequent monitoring. Patients should be encouraged to engage in a 'prescribing partnership' by alerting pharmacists with physicians and other healthcare professionals to symptoms that occur when drugs interact.

KEYWORDS

Drug-drug interactions, palliative care, geriatric, multidisciplinary, hospital pharmacist.

REFERENCES

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