

# Pharmaceutical care and characterization of patients waitlisted for kidney transplantation in a third level hospital

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## What was done

A pharmaceutical care consultation (PCC) was implemented for **patients waitlisted for kidney transplantation (PWKT)**.

Focused on transplant medication education, medication history, allergy review, adherence assessment and self-perception of therapeutic complexity.

## Why was done

**Medication non-adherence** is the major issue in transplantation, and it is associated with increased risk rejection, allograft loss and patients' death.

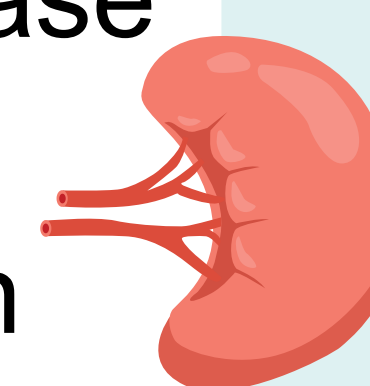
Medication education after the transplant was not enough. **Intervening before** the transplant enabled pharmacists to know the patients and develop an **individualized therapeutic plan**, so the patients arrive as prepared as possible on the day of the transplant.

## How it was done



### Clinical variables

Etiology of kidney disease  
Comorbidities  
Previous transplantation  
Renal replacement therapy  
CYP3A5 genotype



### Medication

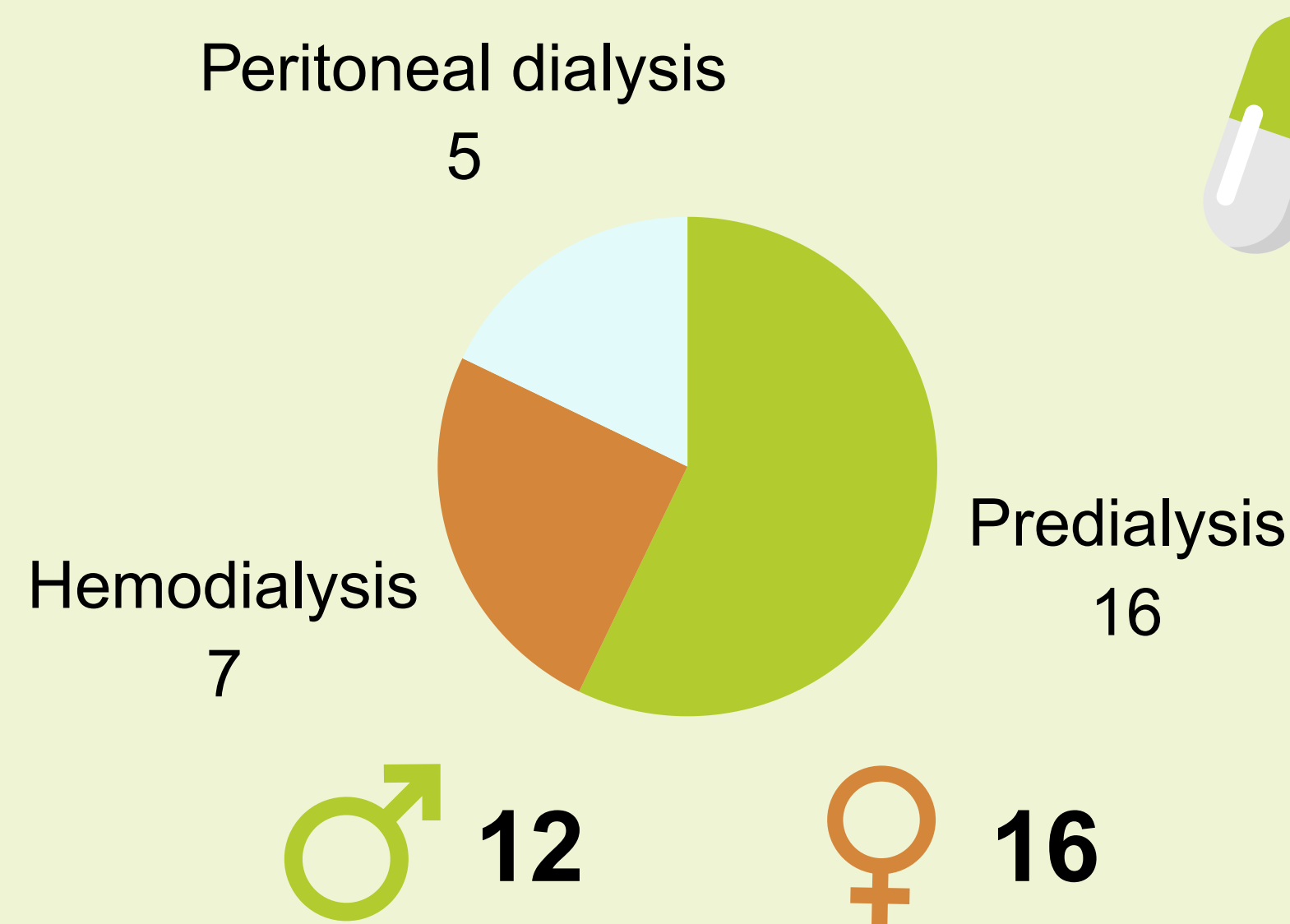
Allergies  
Current medication plan  
Adherence  
Organisation  
Self-perception complexity



**Pharmaceutical interventions (PI):** deprescribe or update current treatment, reinforce adherence, propose Monitored Dosage System (MDS) or pillbox, immunosuppressants education, arrange for a second PCC, contact with their community pharmacy, send to Pharmacogenetics Committee.

## What was achieved

- Implemented in June 2024.
- 28 of the 58 PWKT have been evaluated (in 4 months)



7 with previous transplant

### Organisation

2 help from a family member  
1 help from a caregiver  
12 own weekly pill dispenser  
1 pharmacy MDS  
12 self-organisation

### Complexity

Patients' perceived complexity (0 to 10): **2 [0 – 8]**

### Adherence

**9 non-adherent**

### 20 Pharmaceutical interventions:

Additional follow-up 6, resolving doubts 3, updating electronic prescription 3, reinforcing adherence 2, deprescribing 2, proposing SPD 2, proposing own pillbox 1, others 1

## What is next

- **Include** a PCC in our clinical practice and get to visit all PWKT before the transplant.
- Evaluate the **impacts** of PCC and PI as regards clinical outcomes. Detecting **improvement** actions will be enriching for patients care.
- The PCC can be **extended** to other types of solid organ transplants.

