



## SPECIAL PHARMACEUTICAL CARE AND TELECONSULTATION FOR THE GERIATRIC ONCOHEMATOLOGICAL PATIENT

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### Background and importance

The need has been detected to carry out a comprehensive geriatric evaluation of older adult patients with oncohematological neoplastic pathologies, in order to make decisions related to their complete therapeutic regimen, avoiding any medication-related harm to the patient.

### Objective/Purpose

Implementation of a specialized pharmaceutical consultation where a global evaluation of the pharmacotherapy of older adult patients with oncohematological neoplastic pathologies is carried out.

### Study Design/Methods

Prospective observational study from December 2023 to September 2024  
Pharmaceutical Care Consultation for onco hematological 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 poly medication 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.



### Result

**350 patients** were attended

**median age 82 years**, 65% men and 35% women.

50 pharmaceutical teleconsultations were carried out in patients with bed-chair life.

**Adherence** to oncohematologic treatment was **improved by 90%**.

**A total of 90 pharmaceutical interventions** were carried out:

- 30 related to the dosage and way of taking the treatment.
- 20 with pharmacological interactions.
- 14 therapeutic duplications.
- 10 use of herbal products and multivitamin complexes.
- 6 for not attending their medical check-up in two years
- 10 prescribed medication of little therapeutic value and with a high anticholinergic load that had to be suspended from the treatment.



### Conclusion

The hospital pharmacist has a key role in the pharmaceutical care of geriatric oncohematologic patients through the implementation of specialized consultations where a complete evaluation of the treatment of these patients is carried out.