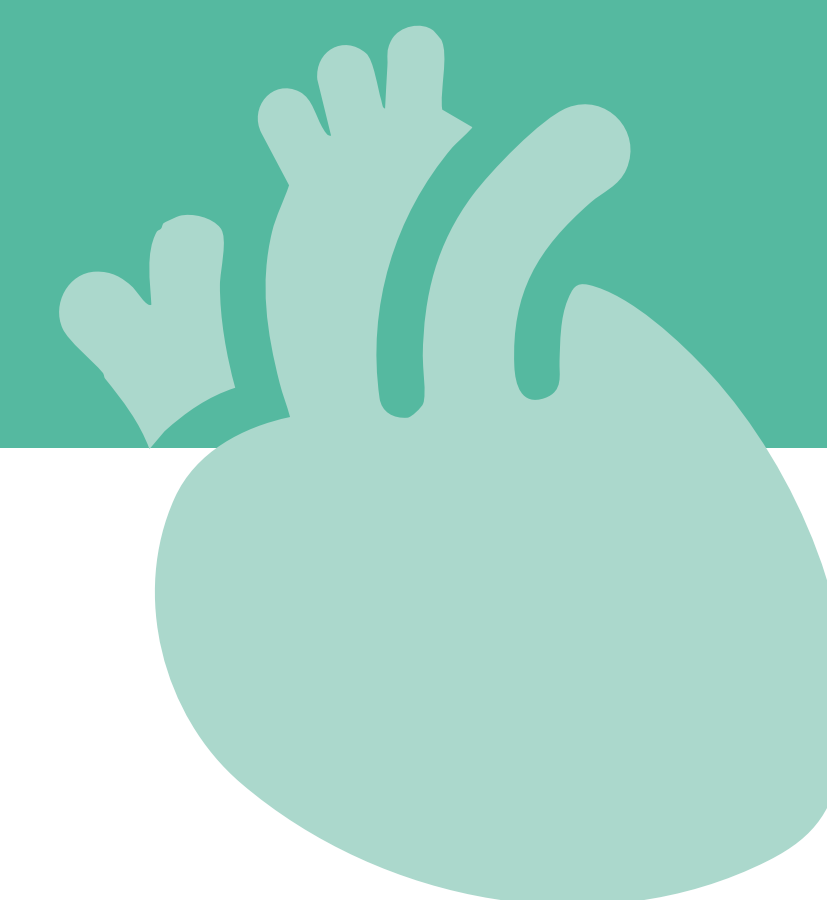


OPTIMISING PATIENT ADHERENCE IN HEART TRANSPLANTATION: A PHARMACIST-LED EDUCATIONAL APPROACH



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What was done?

In collaboration with the **cardiology department**, **hospital pharmacists** created and implemented a **new educational project** to improve adherence among **heart transplant patients**. The main activity involves hospital pharmacists conducting **educational visits at the patient's bedside** supported by new educational brochures, materials, and questionnaires.

Why was it done?

Adherence to immunosuppressive medication is crucial for long-term graft survival. Patients receive substantial information from various healthcare professionals regarding new medications and lifestyle choices during hospitalisation and post-discharge. **Frequent non-adherence** indicated that the **existing educational approach**, led by physicians, **was insufficient**. Our objective was to create optimal conditions for providing these instructions to patients before discharge.

How was it done?

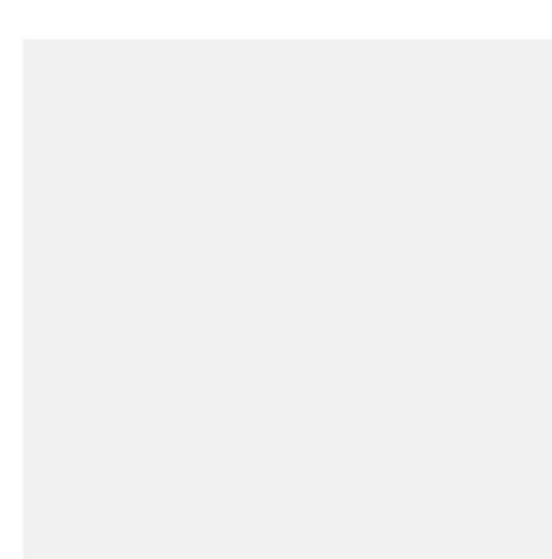
We created a questionnaire and collected baseline data by assessing the knowledge of transplant patients educated by the existing educational approach.

Afterwards, we designed and implemented a **six-visit educational program** and prepared **new educational materials and brochures**. A new record system was integrated into the hospital system to facilitate communication between doctors and pharmacists, documenting educational visits and questionnaire results.

The **initial three visits** scheduled during hospitalisation cover the **correct use of immunosuppressants and other medications**, their interactions, and potential adverse effects. Guidance on recommended **lifestyle changes post-transplantation**, such as hygiene, diet, and infection prevention is also included.

The **remaining three visits** occur **within one year post-discharge to assess patient knowledge** with the previously mentioned questionnaire and **adherence** to the treatment plan with **BAASIS®**. During these visits, the pharmacist conducts a comprehensive review of adherence, addresses any drug-related issues, and guides medication changes.

Praktické rady pro pacienty
Ústavní lékárna IKEM



Co potřebuji vědět o léčivech
po transplantaci srdce



Léky obsahující tacrolimus



Prograf
(0,5 mg, 1 mg, 5 mg)



Advagraf
(0,5 mg, 1 mg, 3 mg, 5 mg)



Tacforius
(0,5 mg, 1 mg, 3 mg, 5 mg)



Envarsus
(0,75 mg, 1 mg, 4 mg)



Modigraf
(0,2 mg, 1 mg)



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Správné užívání:

- tobolky/tablety se užívají nalačno – to znamená nejméně 1 hodinu před jídlem, nebo 2-3 hodiny po jídle, aby se tak zajistila maximální absorpce (vstřebání) léku
- přípravky Prograf a Modigraf se podávají 2 x denně pravidelně po 12 hodinách nalačno
- přípravky Advagraf, Tacforius a Envarsus se podávají 1 x denně – ráno nalačno
- tobolky nutné zapít nejlépe vodou
- blistry s kapslemi jsou v hliníkovém sáčku a je k nim přibalený vysoušedlo – nepolykat!



Nejčastější nežádoucí účinky:

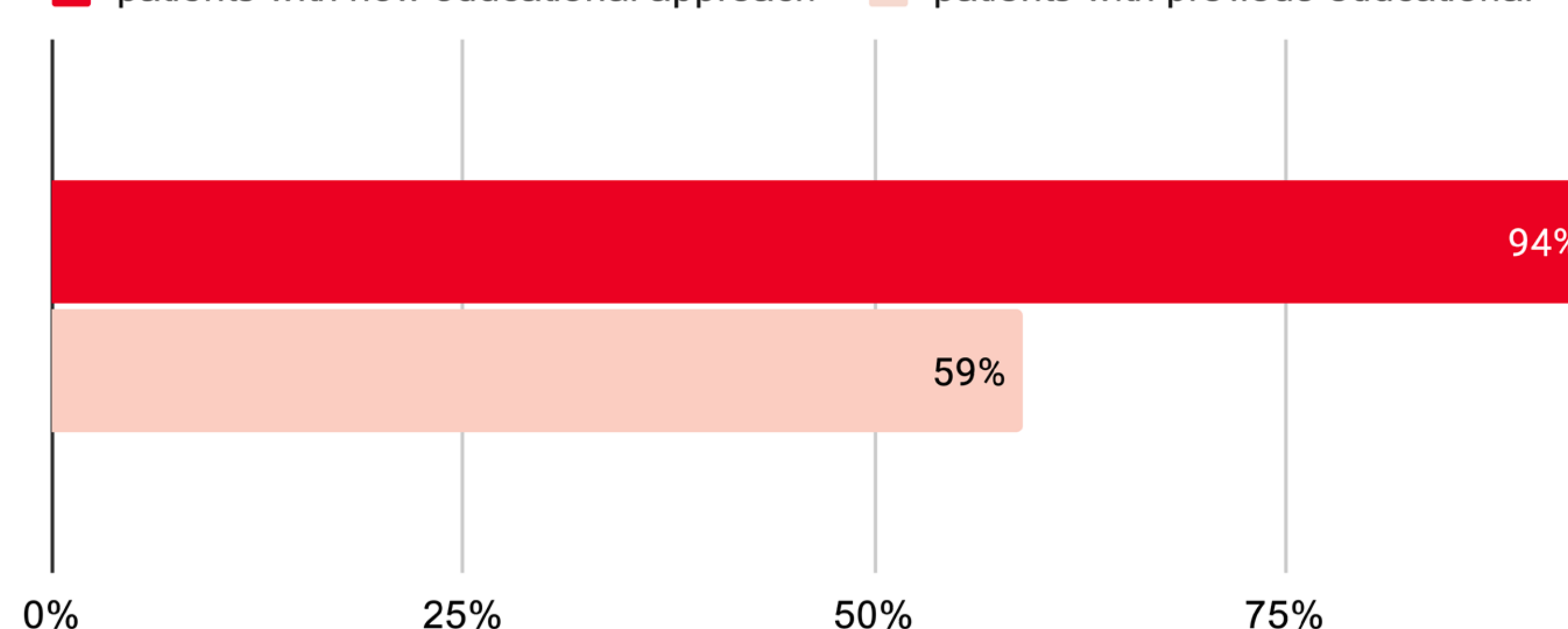
- zhoršení funkce ledvin
- vznik cukrovky II. typu
- zvýšení krevního tlaku
- třes končetin, bolest hlavy, nespavost

What has been achieved?

Since the project's initiation, **120 visits** have been completed involving more than 30 patients. The education **significantly improved patient knowledge** with educated patients scoring an average of 94% correct answers on the knowledge questionnaire, compared to 59% correct answers of patients educated by the existing educational approach. **Only three educated patients were non-adherent** with the most common type of non-adherence being failure to take medication at the prescribed time.

Correct answers - Knowledge questionnaire

■ patients with new educational approach ■ patients with previous educational



What next?

As more patients participate in the project, we aim to **correlate their knowledge and adherence with tacrolimus levels** and the incidence of rejection. Additionally, we intend to **extend this educational initiative to other departments** within the hospital.



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