**Pharmaceutical Care in Patients Diagnosed with Multiple Myeloma Treated with Lenalidomide**

P Carmone Dyong, M Iglesias Gaspar, G Lizeaga Cundin, I Fernandez Gonzalez, O Valbuena Pascual, P Pascual Gonzalez, J Barral Juez, M Umerez Igartua, A Asensio Bermejo, MP Bachiller Cacho. Donostia University Hospital, Pharmacy Service, San Sebastian, Spain; Donostia University Hospital, Epidemiology Service, San Sebastian, Spain

**Purpose**
We set up a weekly PI meeting with all pharmacists in June 2012. Problems that might cause the incorrect administration or dosing of medications are recorded in the patient record and can be accepted or rejected by physicians. PIs are marked critical, medium or low by the pharmacist. During the meeting, all PIs marked critical or that had a physician were considered and discussed.

**Materials and Methods**
Lenalidomide is a malignant monoclonal gammopathy that occurs mainly in patients over 65 years. Lenalidomide is indicated in combination with dexamethasone for the treatment of MM in patients who have received at least one prior treatment regimen.

**Results**
During the period of 3.5 months, the most frequent rating was ‘low’ (70%). There were 18% ‘medium’ and 3% ‘critical’ interventions. The main pharmaceutical problem was out of the formulary discharge proposal which represented 54% of PIs (796/1483). Dosage adaptation was recommended in 12% of cases; 9% of PIs were for stopping the treatment and other interventions were about the choice of route of administration, adding a treatment, therapeutic monitoring and optimization of administration. In total, 58% of PIs were accepted, the physician was not informed of 23% and 19% were not accepted; but 11% of the PIs accepted were not implemented.

**Conclusions**
Feedback on PIs is a key element to improve their relevance. Finally, a weekly pharmaceutical meeting can highlight recurrent prescription problems in order to propose and implement corrective measures. It is moreover a working base for our hospital to improve the quality of medical care.

No conflict of interest.

---

**Pharmacist-Driven Interventions Improve Thromboprophylaxis in Acutely Ill Medical Patients over Time – Results after Six Months**

A Verurcke, S Lorent, M Mrabeti, S Mothe. Erasme University Hospital, Pharmacy, Brussels, Belgium; Erasme University Hospital, Thrombosis Unit, Brussels, Belgium

**Background**
Forty to 50% of hospitalised patients with an acute medical illness have risk factors for venous thromboembolism (VTE) and it has been shown that thromboprophylaxis reduces the incidence of VTE events in these patients [1]. However, a large multinational survey, the ENDORSE study, showed that only 37% of medical patients with VTE risk factors currently received thromboprophylaxis [2].

**Purpose**
To evaluate the impact over time of pharmacist-driven interventions aiming at increasing the appropriate use of thromboprophylaxis in acutely ill medical patients hospitalised in an urban academic tertiary care hospital.

**Materials and Methods**
First, medical and nurse reports of hospitalised medical patients were reviewed to evaluate the proportion of patients who were on prophylaxis according to clinical practise guidelines. Second, interventions were conducted and included unit-specific physician and nurse education, dissemination of educational tools summarising VTE prophylaxis guidelines, and reminders. Third, the effect of the interventions on the proportion of patients receiving appropriate thromboprophylaxis was evaluated after three and six months.

**Results**
The baseline evaluation showed that 36% (26/72) of the patients at risk of VTE received appropriate thromboprophylaxis. Three and six months after the interventions, 68% (55/81), and 72% (58/81) of the patients at risk of VTE received appropriate thromboprophylaxis.

Of the patients not at risk of VTE, 15% (21/141), 8% (24/290), and 8% (27/300) respectively at baseline evaluation, three and six months after the interventions, received thromboprophylaxis.

**Conclusions**
Pharmacist-driven interventions improved the proportion of acutely ill medical patients receiving appropriate thromboprophylaxis and the benefit of the interventions was maintained after six months.

**References**

No conflict of interest.