AN EVALUATION OF GASTROINTESTINAL GLP-1 AGONIST LIRAGLUTIDE AS ADD-ON THERAPY IN TYPE 2 DIABETES

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Background Stress ulcer is a common complication in patients admitted to the intensive care unit (ICU). Although, a stress ulcer prophylaxis (SUP) is recommended for many patients, the criteria for its initiation are often ignored by clinicians. In addition, SUP might be erroneously continued after ICU or even hospital discharge.

Purpose The goals of this study were: to describe the frequency of the SUP prescription in our adult ICU and to determine its adequacy with local guidelines; and to determine the proportion of patients still receiving SUP on ICU and hospital discharge.

Material and methods Retrospective study conducted in the 35-bed adult medicosurgical ICU of our tertiary care centre. Medical records of all patients admitted between 1 October and 30 November 2017 were screened. Patients with an ICU length of stay shorter than 24 hours or admitted for a gastrointestinal pathology, were excluded. The adequacy of the SUP prescription was assessed on a day-to-day basis, according to our local guidelines. Inadequate prescription was defined as a prescription without an indication or the absence of prescription in the presence of an indication. The continuation of SUP at ICU and hospital discharge (but not its adequacy) was assessed.

Results Among the 372 patients admitted during the study period, 140 (corresponding to 855 patient days (PD)) fulfilled the inclusion criteria. Among them 130 (93%) received a SUP during their ICU stay (796 (93.1%) PD), mostly esomeprazole (686 (86.2%) PD). Overall, the SUP was inadequate (in 358 (65.3%) PD). The prescriptions fulfilled at least one indication listed in local guidelines in only 233 (29.6%) PD. SUP was prescribed on ICU discharge in 58 (45%) patients and in 39 (30%) on hospital discharge.

Conclusion SUP was inappropriate (not indicated or forgotten) in around two-thirds of PD. Moreover, the prescription was maintained for many patients on ICU discharge. SUP guidelines and the need for a daily re-evaluation, in particular at the end of the ICU stay, should be stressed to the prescribers.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.