Material and methods

Patient setting.

Aim and objectives

Drug management of haematological patients is complex because it integrates numerous agents (antineoplastics, supportive care and medications for comorbidities). In the ambulatory setting, the clinical pharmacist can contribute to patient care through collaboration with a multidisciplinary team.

Material and methods

This was a prospective, descriptive, observational study carried out from March 2018 to September 2019. Patients were scheduled for a pharmacist consultation where an interview was conducted. Comprehensive medication (chemotherapy, supportive care and ambulatory treatment) and electronic health record (EHR) reviews were performed before the interview. The pharmacist identified drug related problems (DRP) and negative outcomes associated with the medications (NOAMs), defined according to the Third Consensus of Granada. Subsequently, the pharmacists made a report with the proposed pharmaceutical interventions (IP) which were included in the patient’s EHR. The intervention acceptance rate by haematologists was evaluated, as well as whether the DRP had been solved.

Results

All patients interviewed were included in the analysis (n=78), and the majority of patients were diagnosed with multiple myeloma, chronic lymphocytic leukaemia and chronic myeloid leukaemia. The drugs involved most often in medication problems were lenalidomide and ibrutinib (as antineoplastic therapy) and statins (as concomitant drugs). From 78 patients analysed, 65 (83.3%) presented some type of NOAMs. The most frequent were related to safety (61.5%, mostly quantitative safety), followed by necessity (34.5%) and effectiveness (4.1%). Regarding DRP, 148 were identified; the three most prevalent types were interaction (31%), insufficiently treated diagnosis/symptom (16%) and likelihood of adverse effects (16%). There were 163 IPs performed within this outpatient setting: dose/regimen adjustment was the main intervention. Most (70%) interventions were accepted and implemented by the haematologists and the DRP resolved.

Conclusion and relevance

The outpatient pharmaceutical intervention can resolve in a significant way both DRPs and NOAMs in haematological patients, and thus help to improve the quality of their pharmacological therapy. A pharmacist report integrated into the EHR could contribute to facilitate access to the intervention.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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