



Medication counseling by clinical pharmacists in newly grafted renal transplant recipients

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Background

Clinical pharmacy services are widely deployed in our UHC department of nephrology. Poor **Medication Adherence** (MA) is commonly encountered in **Kidney Transplant recipients** (KTRs) although MA is essential to prevent graft rejection. Thus **Medication Counseling** (MC) was implemented to promote MA and safe therapeutic management.

Purpose

Describe MC activity and explore it's impact on patient knowledge and motivation.

Material and methods

A pharmacy resident realizes two MC sessions for each newly grafted KTRs :

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| <p>1 Information regarding:</p> <ul style="list-style-type: none"> • Immunosuppressive Agents (IA) (name, dosage) • Food interactions • Management of forgotten doses, vomiting and travel <p>MA is evaluated with the Morisky score, and patient's motivation to take their treatment with a visual scale</p> | <p>2</p> <ul style="list-style-type: none"> • Evaluation of patient's previously acquired knowledge • Explanation of discharge medication prescription through the discharge medication reconciliation |
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Results

Over 4 months → 19 patients had MC

Acquired knowledge of patients after MC



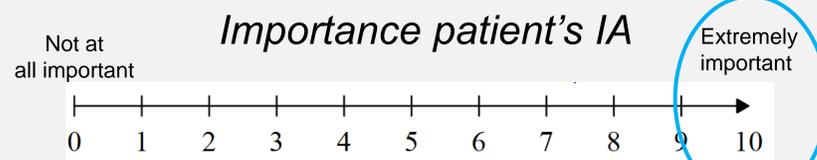
Patients' **motivation increased significantly** ($p = 0.03$)



Average cumulative MC time per patient = **39 minutes**

MORISKY score : **58%** (n=11) of patients presented **minor or major** MA problems

Average number of drug per patient = **11**



100% (n=19) : « Extremely important »

Conclusion

These results show **benefits of pharmacist-led** MC in newly grafted KTRs. **Positive feedback** from physicians and nurses confirms this approach. However, this service is time-consuming and requires continuous availability of clinical pharmacists in the unit. In order to ensure safe and efficient therapeutic management, documentation of these MC session in the medical patient chart is essential.