ANALYSIS OF THE DISCREPANCIES FOUND IN THE RECONCILIATION OF CONCOMITANT MEDICATION IN A COHORT OF ELDERLY PATIENTS INFECTED WITH HIV

L. Ruiz González1, A. Lazaro Lopez1, A.L. Alvarez Nonay1, M. Lavandeira Perez1, I. Mendoza Acosta1, M. Rodríguez Zapata2.
1. Guadalajara University Hospital, Pharmacy Department, Guadalajara, Spain.
2. Guadalajara University Hospital, Internal medicine, Guadalajara, Spain

BACKGROUND
The increase of life expectancy in HIV patients leads to the appearance of comorbidities and therefore the increase of concomitant medication

OBJECTIVES
- To determine the prevalence of discrepancies in the reconciliation of concomitant medication in elderly hiv patients.
- To describe the most frequent discrepancies as well as the medications involved

METHODS
Prospective observational study conducted in HIV-infected patients treated at the Pharmacy Service (January 1, 2014 - December 31) of a regional university hospital.

Collected variables: age, sex, concomitant medications, discrepancies found in the clinical history of specialized care (CH) and primary care (PC) and plasma viral load (VL).

The discrepancies were classified as: omission, different dose/frequency/route, erroneous medication and therapeutic duplicity).

In the conciliation the CH was reviewed, the pharmacotherapeutic history of PC and the patient was interviewed.

The inclusion criteria were: HIV infection, age ≥50 years and antiretroviral treatment (ART) for at least 6 months

The statistical analyzes were performed using the statistical package SPSS 15.0.

RESULTS

327 analyzed patients
73.5% (n =97) male
790 active ingredients were analyzed
132 (40.37%) elderly patients
61.4% (n =81) polymedicated patients
131 active ingredients with HC discrepancies
439 being concomitant active ingredients
81 patients were affected (61.4%)
66 patients were polymedicated patients (81.5%)

Discrepancy in: Omission Erroneous medication Different dose
CH 109 22 2
PC 132 21 1

The active ingredients mostly involved were: vitamins (16.17%); psycholeptics (11.0%) and antacids (10.1%). VL was ≤ 50 copies/ml in 81 patients (61.4%) and less than 200 copies/ml in 119 patients (90.15%).

CONCLUSION
✓ Seropositive patients have a high number of discrepancies; affecting patients polymedicated majority.
✓ The most frequent discrepancy in both primary and specialized care is the omission of medications.
✓ The group of drugs mostly involved are vitamins.
✓ It would be interesting to analyze in the future if patients with more discrepancies in the medication have more interactions or worse immuno-virological control

NO CONFLICT OF INTEREST