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Background

Population aging and the growing risk of developing cancer with age lead to an increasing number of elderly patients treated in the oncology care unit.

In order to optimize their care, oncogeriatric consultations are performed by a doctor, a nurse, a dietician and a psychologist.

Aim and objectives

Evaluate the benefit of including the hospital pharmacist in these consultations.

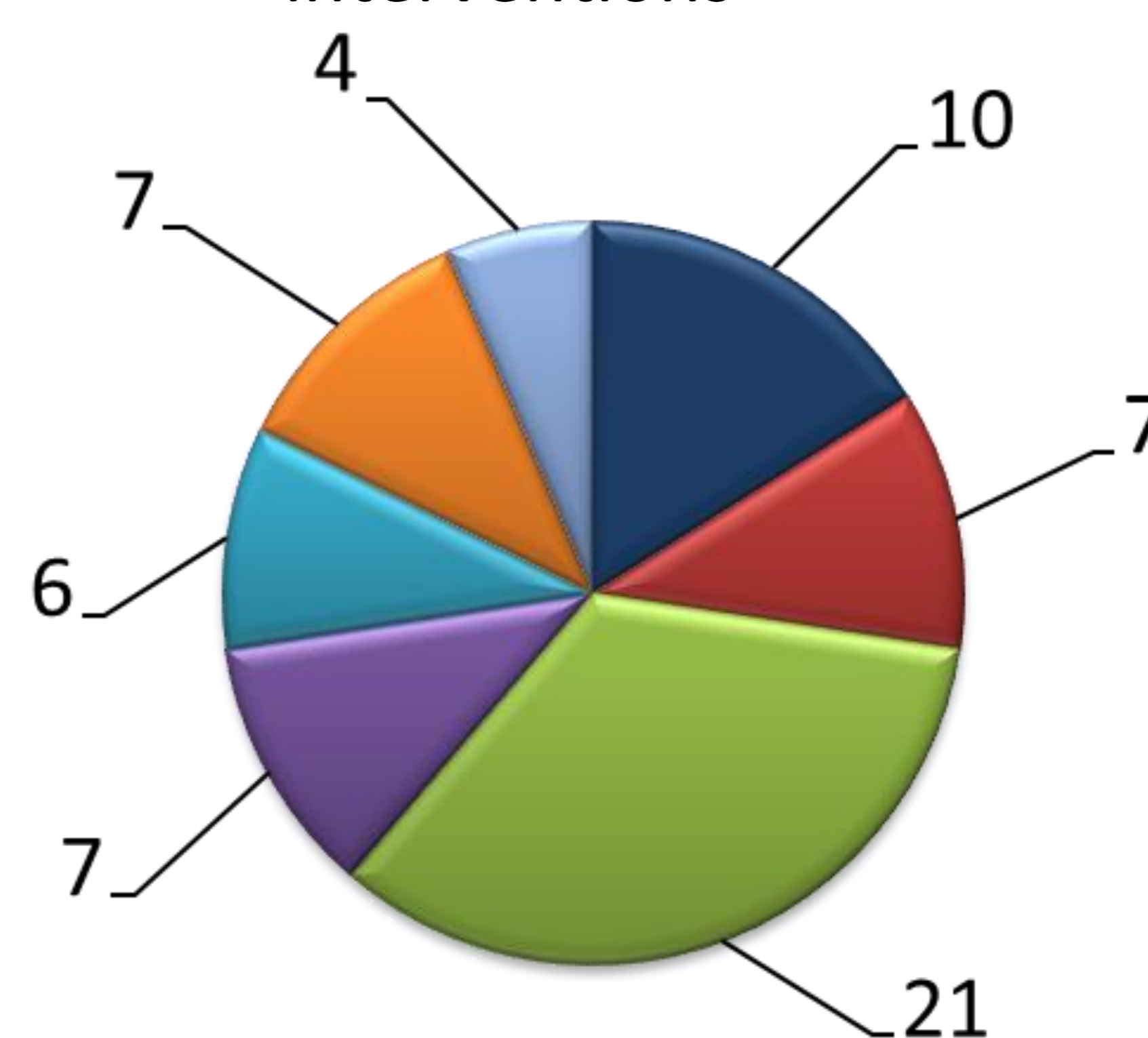
Material and methods

- Retrospective study on 17 patient files reviewed in oncogeriatric consultations
- From May 2019 to March 2020
- Analyse of drug interactions, identification of potentially inappropriate prescription according to the STOPP and START criterias and the anticholinergic burden of the treatment

Results

- Total number of interventions : 62
- **Addition of treatment :**
 - Management of vitamin deficiencies (D, B9, B12), Anti-pneumococcal vaccination
- **Treatment discontinuation :**
 - Discontinuation of drugs with formal contradictions or belonging to the same therapeutic class, High dose PPIs without indication
- **Molecule switch :**
 - Benzodiazepines dose adjustment
- **Biological monitoring :**
 - Monitoring TSH under Lévothyrox®
- **Dosage adjustments :**
 - Replacement of one benzodiazepine by another with a shorter half-life, paracetamol dose
- **Monitoring to be programmed remotely from the consultation :**
 - Monitoring of nephrotoxicity and serum potassium
- **Adaptation of the intake plan :**
 - Adaptation of the intake plan to limit interactions between oral chemotherapy and antiacid

Type and number of pharmaceutical interventions



Conclusion

The pharmacist has a real role to play in oncogeriatric consultations, in order to prevent the iatrogeny and optimize patient care. The limits of the study are the non-exhaustiveness of the treatment (self-medication and phytotherapy), the ignorance of the potential swallowing disorders and the vaccinations carried out. However, this missing information can impact the patient care and could be collected by the hospital pharmacist.