

EFFECTIVENESS OF ANTIEMETIC THERAPY DURING CHEMOTHERAPY IN A REGIONAL HOSPITAL

5PSQ-003

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Background

Chemotherapy-induced nausea and vomiting (CINV) remains an important adverse effect, since they affect the quality of life of patients, force chemotherapy dose reductions and compromise adherence.

Purpose

To evaluate the effectiveness of antiemetic therapy in the control of CINV, comparing the groups of patients with adequate and not adequate patterns, according to the clinical practice guidelines.

Material and methods

Longitudinal retrospective study for population characterization and non-intervention. Patients with intravenous chemotherapeutic treatment from April to July 2018 were included.

Independent variables: demographic (age and sex), and adequacy to the guidelines. Dependent variables: CIN (chemotherapy-induced nausea), quantified by adding the scores obtained through a self-administered questionnaire based on the CTCAE scale, for the three phases (anticipated + acute + delayed); and CIV (chemotherapy-induced vomiting), similarly quantified.

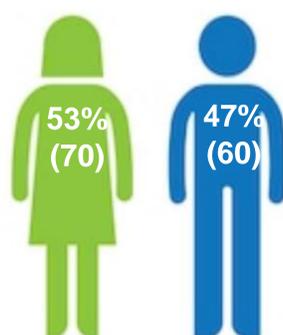
The data were expressed using the mean (SD) in the case of continuous variables, and absolute and relative frequency in the case of categorical variables. Multivariable logistic regression models were used to study the association of adequacy and effectiveness. Statistical analyses were performed with the R software (version 3.4.3). A p-value below 0.05 was considered statistically significant.

Results

797 chemotherapy cycles were administered to 148 patients during the study period

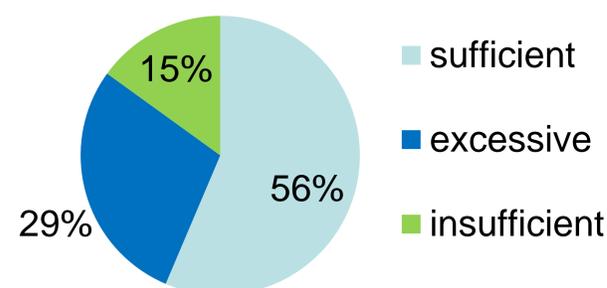


133 patients included

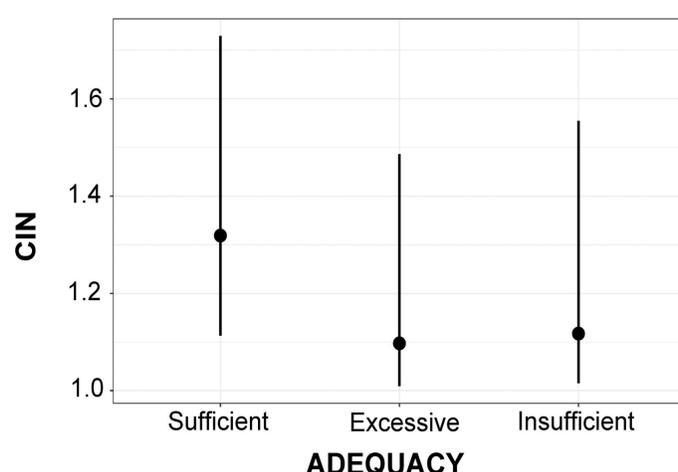


Aged 62.3 (11.1) years

Adequacy to the guidelines

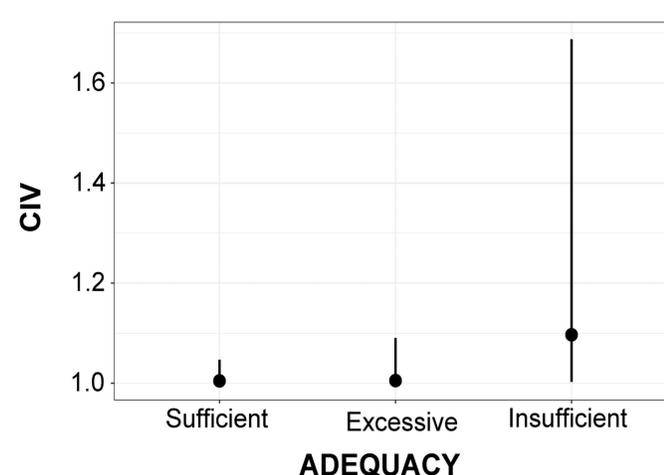


The excess deviations (OR = 0.311 [0.038, 1.535], $p = 0.197$) or insufficient adequacy (OR = 0.388 [0.057, 1.878], $p = 0.278$) were not predictors of nausea.



Mean and 95% confidence interval

In contrast, insufficient adequacy was a predictor of vomiting (OR = 17.907 [2.078, 290.042], $p = 0.015$), while the excess deviation was not (OR = 1.799 [0.064, 37.415], $p = 0.688$).



Mean and 95% confidence interval

Conclusions

All CINV anticipated, acute and delayed phases jointly considered, an insufficient antiemetic pattern is associated with worse control of vomiting, but not nausea. In future studies, separate assessment of the influence of the antiemetic pattern adequacy on each of the CINV phases deserves further investigation.

