ADEQUACY OF ANTIEMETIC TREATMENT DURING CHEMOTHERAPY IN A REGIONAL HOSPITAL

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Purpose
To assess in a regional hospital the adaptation of antiemetic pattern to the degree of chemotherapy emetogenicity, according to the MASCC / ESMO, ASCO and NCCN clinical practice guidelines.

Background
Despite the availability of international guidelines for antiemetic treatment in chemotherapy, their implementation during daily clinical practice is not optimal.

Material and methods
Longitudinal retrospective study for population characterization and non-intervention. Patients with intravenous chemotherapeutic treatment from April to July 2018 were included.
Demographic variables (age and sex), indication of chemotherapy, scheme, cycle, administration of 5-HT3 antagonists, NK1R antagonists, dexamethasone, and other antiemetics, and adaptation of the antiemetic treatment to guidelines were collected.
Data were expressed by means (SD) for continuous variables, and by absolute and relative frequency for categorical variables. Statistical analysis was performed with R software (version 3.4.3).

Results
133 patients
53% (70) Aged 62.3 (11.1) years
47% (60)

On the day of chemotherapy
Patients received antiemetic
9% yes
91% no
( monotherapy or polytherapy)

Types
5-HT3 antagonist 84%
NK1R antagonist 52%
dexamethasone 84%

Adequacy
29%
sufficient
56%
insufficient
15%
excessive

Conclusions
Only slightly more than half of the patients receive an antiemetic pattern in accordance with the internationally agreed clinical guidelines, so there is ample room for improvement. Among those with a non-consistent pattern, an excessive pattern is much more frequent.

The proportion of sufficient adequacy in the hospital population was estimated 0.56 [0.47 - 0.64].