

DRUG INTERACTIONS AND POLYPHARMACY IN A COHORT OF HIV POSITIVE HAEMOPHILIAC PATIENTS

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BACKGROUND AND OBJECTIVES

The **haemophiliac population** is getting older and therefore they need to confront other comorbidities in addition to those associated with congenital coagulopathy.

Objective: To **determine the complete pharmacological treatment** of a cohort of haemophiliac patients, Human Immunodeficiency Virus (HIV) positive, to determine the **potential drug interactions (PDI)** and to **compare** them with a reference cohort (RC) of haemophiliac patients.

MATERIALS AND METHODS

- **Cross sectional and observational study** on HIV and haemophiliac patients, over 18 years, with active treatment in February 2019 in a Haemophilia Unit of a third-level hospital.
- A **multidisciplinary team** comprising infectious diseases, haematology and pharmacy was established.
- Recorded variables: biodemographic, clinical and pharmacological. PDI were analyzed using the database Micromedex[®]. Moderate and severe PDI were selected. The data were obtained from clinical history (SAP[®]), electronic prescription program (SILICON[®]), and Electronic Prescription System (SIRE[®]).
- As RC, it was selected the one studied by Mannuccio et al. (2018)

RESULTS

- 40 patients were included
 - Median age 49 years (range 36-75)



CLINICAL VARIABLES			
Type of haemophilia		Severity	
A	80%	Severe	67%
B	5%	Mild	27.5%
Factor X deficit	2.5%	Moderate	5%



PHARMACOLOGICAL VARIABLES			
Haemophiliac factor		HIV treatment	
Recombinant	75%	Tritherapy	57.5%
• Extended half-life	62.5%	Bitherapy	40%
• First generation	37.5%	Monotherapy	2.5%
Plasma-derived factor	25%		

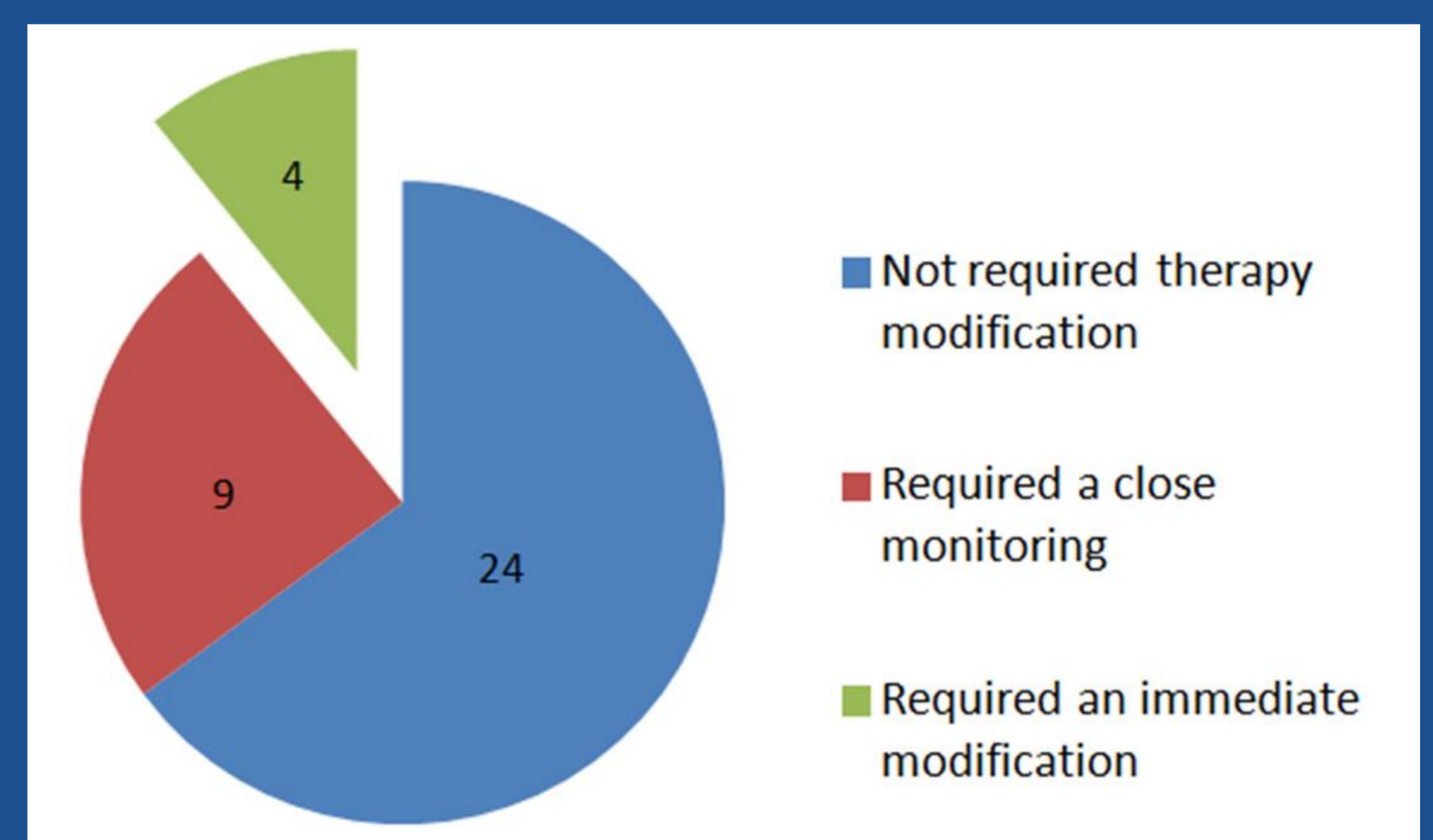
- Comparing to RC (excluding HIV and haemophiliac drugs):
 - Total number of drugs: 2.9 (±3.0) vs 2.4 (±2.5) (p>0.05)
 - Polipharmacy: 22.5% vs. 17% (p>0.05)

37 PDI were detected

0.6 (±1.4) PDI per patient vs 1 (±2.0) comparing to RC (p>0.05)

Severe: 15

Moderate: 22



CONCLUSIONS AND RELEVANCE

- ✓ Our population has a **profile of polypharmacy** and PDI **similar to another RC**.
- ✓ The **PDI detection reduces the risk of toxicity or ineffectiveness** of antiretroviral therapy.
- ✓ The **involvement of the pharmacist** in the management of the haemophiliac patients **contributes** to the **optimization** of the pharmacotherapeutic plan.

