

PHARMACOVIGILANCE AND DEDICATED PHARMACIST: THE EXPERIENCE OF A TERRITORIAL HEALTHCARE HOSPITAL

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Background and importance

The main objectives of the active pharmacovigilance (FA) projects are to identify potential warning signs regarding the use of drugs, prevention of adverse reactions (ADR) and promotion of the safe and effective use of medicines.

Aim and objectives

This work assesses the introduction of measures oriented to implementation of clinical appropriateness and safety, organization of interdisciplinary work groups, awareness of health personnel and monitoring adherence to chronic therapies.

Material and methods

Analysis of reports included in national pharmacovigilance network(RNF) by our territorial healthcare hospital(ASST), considering two time periods each of 230 days, one preceding and one following the beginning of the FA project with dedicated pharmacist.

Results

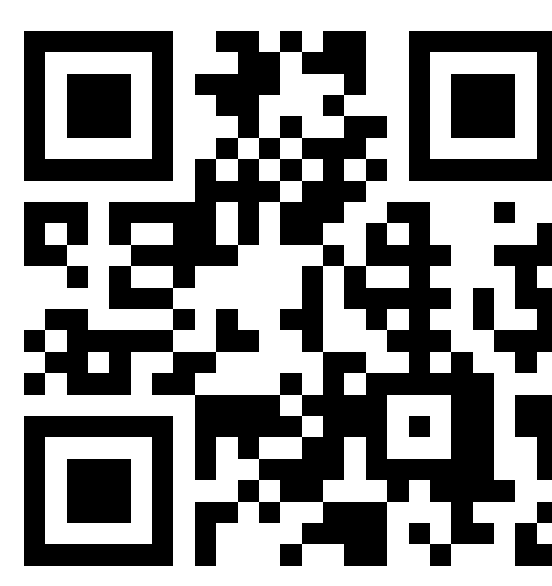
First period: 66 reports were included, of which 15 serious and 51 not serious. The signalers were physician(55) and pharmacist(11). The age group most involved is over 65 year old (50%). Female sex is involved in 70% of ADRs. There are 76 suspected drugs, 50% represented by antineoplastic. The most reported ADRs, described for Preferred Term(PT), were erythema(8), pruritus(7), hypotension(6) and urticaria(5), for a total of 134 different PTs. Second period: 107 reports, of which 79 not serious and 28 serious(2 deaths). In addition to pharmacist(66) and physician(36), 5 ADRs added by other health professionals. The age group most involved is 18-65 years(56%). There are 134 suspected drugs, with a 106% increase in reports of suspected non-antineoplastic drugs(30 to 62). The most reported adverse reactions were pruritus, dyspnoea, erythema and neutropenia, for a total of 241 PT (80% increase compared to the first period).



Territorial side of ASST Melegnano e Martesana

Conclusion and relevance

In addition to significant increase in the number of reports, there is an evident increase in the type of drugs and reactions reported, thanks to the collaboration and awareness of health personnel and patients. With the peculiar organization of the ASSTs, divided into two sectors, namely territorial network and hospital center, the pharmacist can carry out the pharmacovigilance activity on various levels, such as hospital department, direct distribution of drugs, family counseling, vaccination centers and assistance continuity services. This promotes the increase in quantity and quality of reports, and contributes to improving and updating the safety profile of drugs, favoring the appropriateness of their use.



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