

ADEQUACY OF HYPOLIPEMIANT TREATMENT IN PRIMARY HEALTHCARE

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Background

Based on criteria of lipid-lowering efficacy, safety, experience of use and cost, the statins simvastatin, pravastatin and ≥ 40 mg atorvastatin, and gemfibrozil fibrate, are prioritized in our territory.

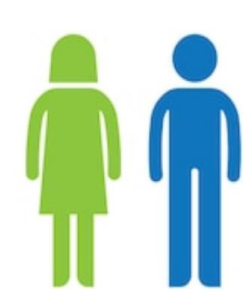
Purpose

To **optimize lipid-lowering treatment** in primary healthcare (PH) patients.

Material and methods



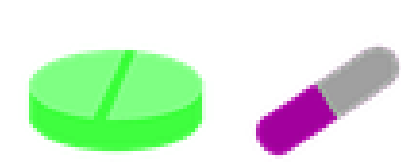
Prospective study (June-July 2020) carried out in a PH center, with data obtained from the ECAP® computerized medical record.



Patients on lipid-lowering treatment not considered first line were included.



Data were collected for demographic variables (age and sex), patient adherence and therapeutic effectiveness, drugs involved, and intervention (proposal, acceptance, and implementation).



The prescription was validated by the pharmacist and the interventions were proposed to the physician.

Results

300 **patients** were included

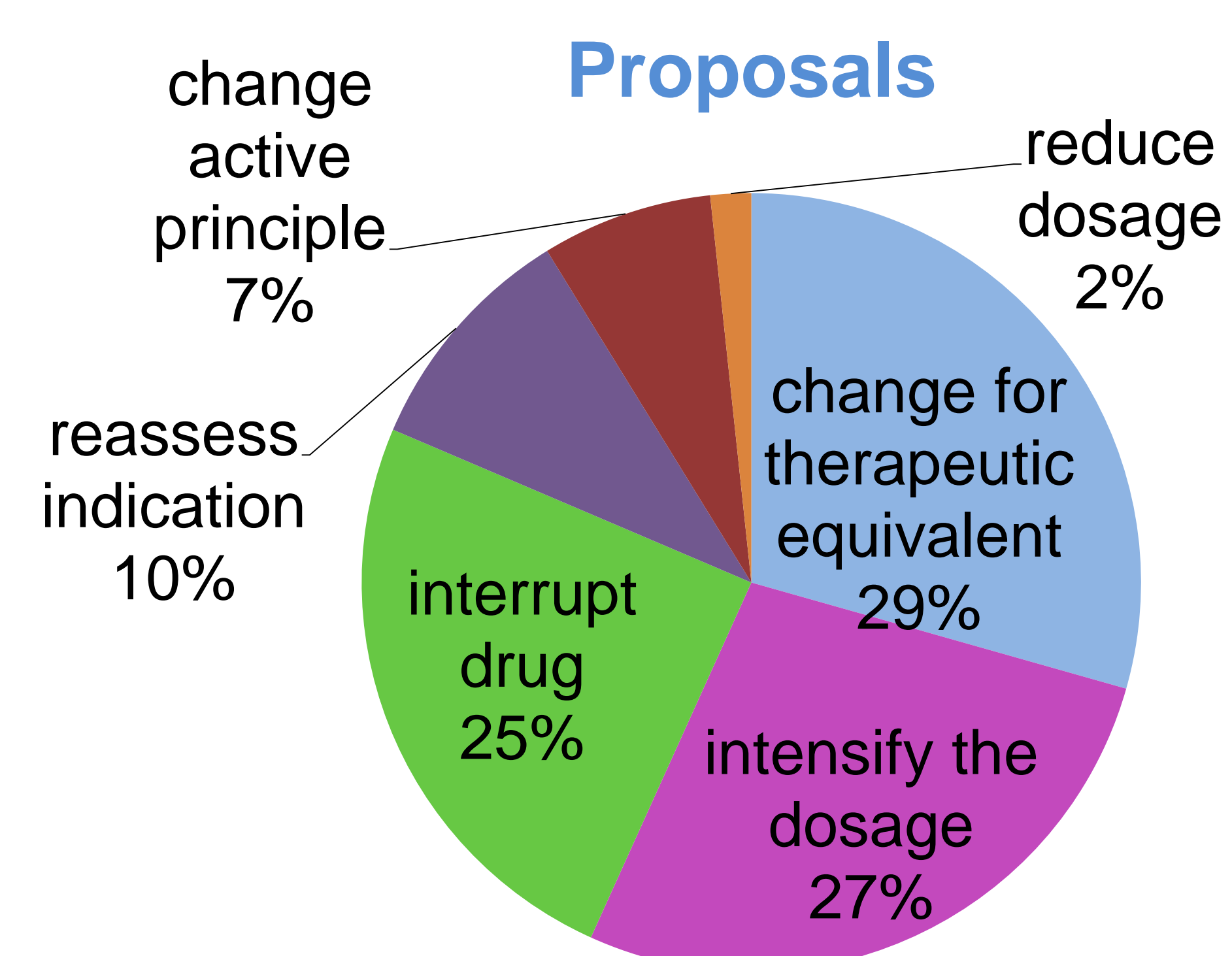
68 (11.4) **years** old

157 (52.3%) **♂**

Assigned to 8 **physicians**

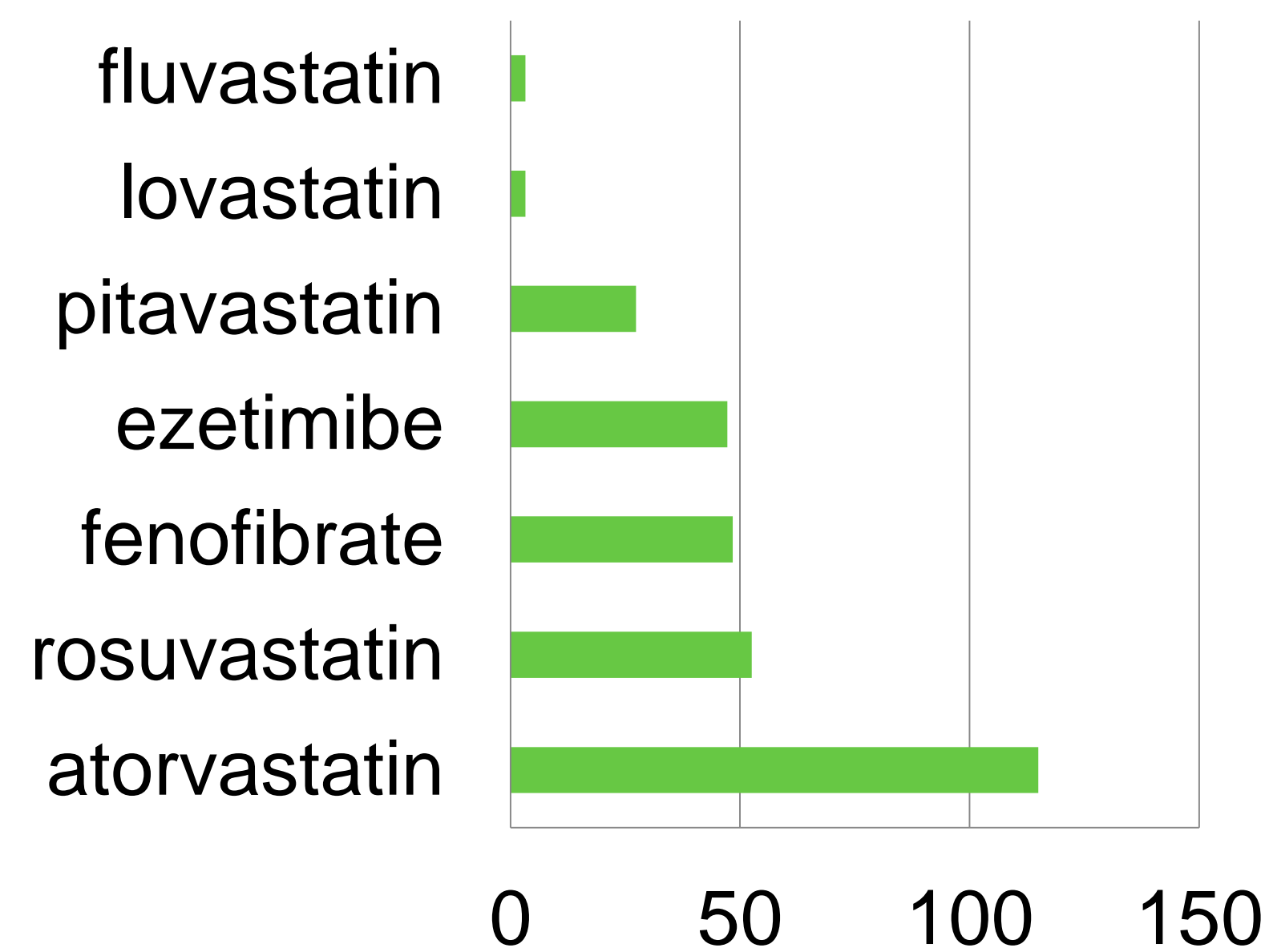
44 (14.7%) patients were **not adherent** and the **therapeutic objective was not reached** in 62 (20.7% patients)

296 (86.5%) **interventions** were suggested, on 342 **active principles**

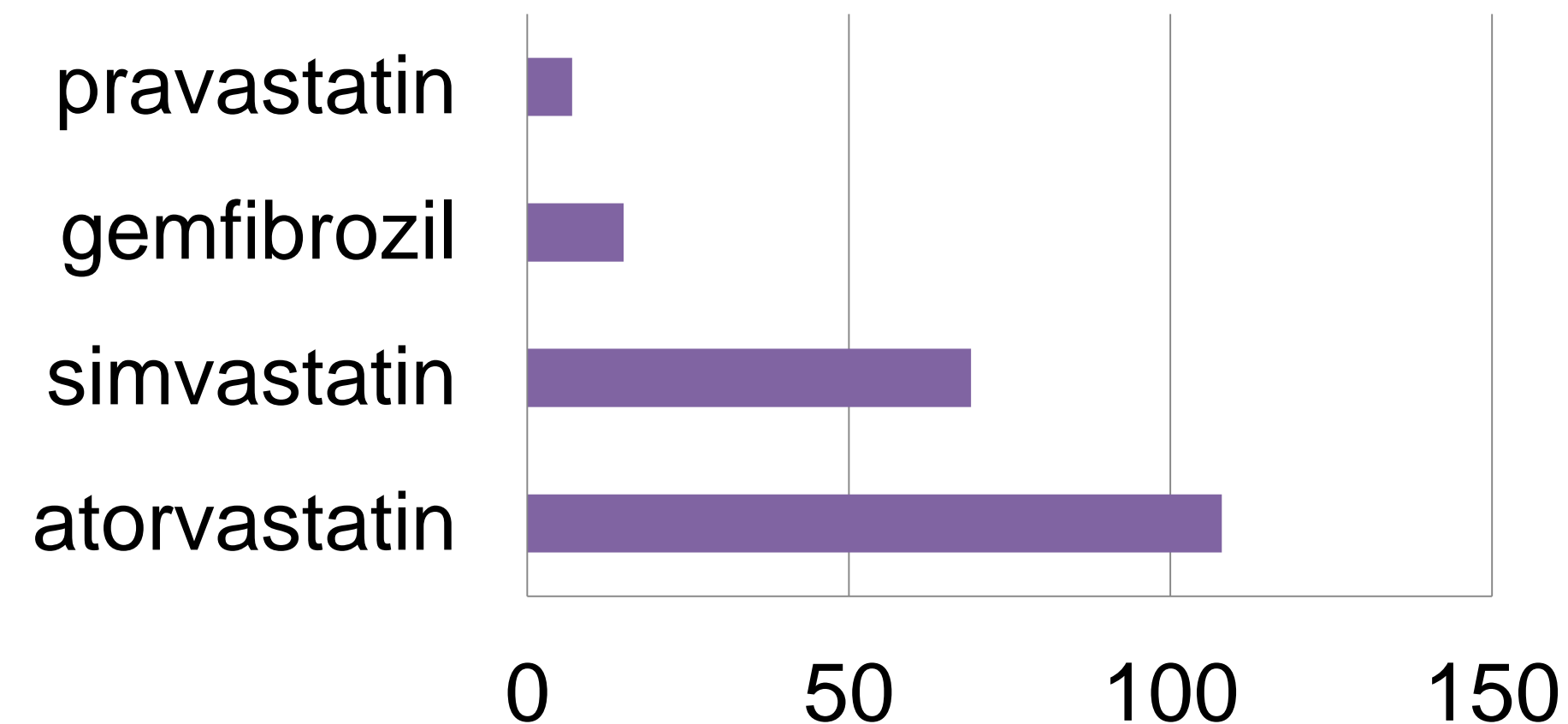


Physicians **accepted** 289 (97.6%) interventions. At **2-3 months** follow up, the **implementation** carried out lowered the percentage of drugs not considered first line from 27.49% to 22.07% (19.71% reduction).

Inicial drugs involved



Final drugs



Conclusions

The **prescription** of hypolipemiant drugs is **not in accordance with the recommended standards**, possibly due to ignorance of institutional recommendations, magnification in the perception of adverse effects of classic treatments, and therapeutic inertia. The **review of the prescriptions** by the specialist pharmacist is an **added value** in optimizing the treatment of these patients by means of a **multidisciplinary team**. It will be interesting to analyze at one year follow up, when all patients should have received a visit: the changes implemented, the control of the lipid profile after the intervention, as well as the drug cost savings.