MAIN POTENTIAL INTERACTIONS DETECTED IN THE OUTPATIENT CONSULTATION
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Background and Importance
In recent years, new oral treatments for cancer and hepatitis C have been authorized. These treatments have in common that they present a high risk of clinically relevant drug-drug interactions (DDIs). Polypharmacy and the use of complementary and alternative medicine (CAM) are increasingly common.

Aim and Objectives
Determine the prevalence and type of DDIs between selected drugs dispensed in outpatient pharmacy service and the drugs or CAM that patients takes on a regular basis.

Material and Methods
- Observational, retrospective study. Study period: April 2018- December 2019
- Inclusion criteria: patients treated with drugs with high risk of clinically relevant DDI for hepatitis C and oncohematologic malignancies

Results

<table>
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<tr>
<th>Demographic</th>
<th>Diagnosis</th>
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<td>• 130 patients (59%) men</td>
<td>•84 % Oncohematologic</td>
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<td>• 62 median age (25-87)</td>
<td>•16 % Hepatitis C</td>
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DDIs were detected in 45% of patients:
- type X (avoid)
- type D (consider modification)
- type C (monitor)

Drugs dispensed

- The therapeutic groups were:
  ✓ 25% antipyretic analgesics
  ✓ 22% proton pump inhibitors,
  ✓ 10% HMG-CoA reductase inhibitors
  ✓ 8% oral antidiabetics
  ✓ 34% others.

The PRs were accepted, implanted in all cases:
- Discontinuation of treatment (26%)
- Switch to therapeutic equivalent (24%)
- Analytical monitoring (27%)
- Clinical follow-up (23%).

In all CAM cases with DDI, it was recommended to stop the medicinal plant.

Conclusion and Relevances
High prevalence of moderate/severe interactions is observed in patients treated with oral antineoplastic and antiviral agents. This highlights the importance of continued pharmaceutical care and the patient interview.

V03 - All other therapeutic products

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