IMPACT ON DRUG ADHERENCE AND VIRAL LOAD AFTER PHARMACEUTICAL INTERVENTION IN SELECTED HEPATITIS B OUTPATIENTS

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BACKGROUND

The Outpatients' Pharmacy Unit (OPU), in consensus with Digestive Service (DIG), held an intervention on selected chronic hepatitis B Virus (HBV) infected outpatients. It consisted of decreasing the frequency of oral treatment from a monthly to a bimonthly basis. The aim was to reduce the patient visits to the hospital and to diminish the healthcare burden in order to use human resources to improve pharmaceutical care.

PURPOSE

To evaluate the impact in adherence and viral load (VL) after dispensing treatment on a bimonthly basis instead of a monthly basis to selected HBV outpatients.

MATERIAL AND METHODS

In May 2014, patients were transversely selected by OPU following the criteria by consensus with DIG:
- age over 18 years old
- any oral drug (alone or combined) for HBV infection
- HBV VL less or equal to 100 copies/ml in their last analysis,
- on stable treatment since at least 6 months previously to this study
- related adherence throughout that period over 80%.

All selected patients were informed about the importance of adherence and bimonthly dispensation was offered to them.

The next set of data was collected from medical records: sex, age, VL. Adherence was measured by indirect methods from dispensation programme registry (Farmatools®).

In May 2015, adherence since intervention and VL values were revised for the selected patients to evaluate the effect of the intervention.

RESULTS

94 patients met criteria

73 patients wanted to change to bimonthly dispensation.

Sex: 56.15% male
Median (P50) age: 52(44-61) years.

May 2014: BIMONTHLY DISPENSATION OFFERED

35 patients maintained same VL
17 decreased VL to undetectable.
9 increased VL but still meeting the criteria
(8 of them with adherence variation less than 10%)

May 2015: FOLLOW-UP

61 patients still met criteria
2 patients NOT met criteria

8 patients had no analysis after intervention
2 were lost to follow-up.

1 changing treatment (simplification)
1 diminished adherence (88.24% to 57.13%)
(Returned to monthly dispensation)

CONCLUSION

Bimonthly dispensation is a safe tool for maintaining stable adherence and VL in selected patients. It could be used to:
- rationalise the use of the limited human resources of pharmacy services.
- reduce the patient visits to the hospital.

Conflict of interest: Nothing to disclose.


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