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KEYWORDS:

- Patient empowerment
- Patient involvement
- Patient self administration

Improving difficult-to-manage Medication Usage: a Pharmacist-Led Education Program for Hepatitis Delta Virus (HDV) Patients

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WHAT WAS DONE?

A **Patient Education Program (PEP)** was implemented to support patients diagnosed with HDV being compliant to a complex therapeutic chronic regimen.

WHY WAS IT DONE?

Bulevirtide:
a complex therapy



- Is the sole approved drug for treating long-term HDV → a precious clinical opportunity
- Is commercially available as a **powder for injection** that needs daily reconstitution before subcutaneous use → requires familiarity with syringes and needles
- Has strict storage requirements (+2/+8°C)
- As home therapy **patients need to be properly trained** to ensure compliance

WHAT HAS BEEN ACHIEVED?

A specific **pharmacist-led PEP** named "**EXPLAIN**" (*hepcludEX Patient education program provided by cLinical phArmacist IN a dedicated setting*) was defined.

It consists of 2 phases: **1) education & training;**
2) follow-up & assistance.

After clinical examination, patients are received by pharmacists and introduced to the therapy thanks to a simulation kit. Posology, storage conditions and special warnings are described and the drug together with the administration kit is delivered.

During the *follow-up phase* the pharmacist focus on proofing medication adherence and ADRs.

Quality of Life (QoL), measured through EuroQoL5) is adopted as an effectiveness outcome.

WHAT NEXT?

Regular viral load, QoL, adherence and feedback on the received service have to be proofed after 6, 9 and 12 months as well to confirm compliance.

EXPLAIN could be a model to be adopted as PEP in complex therapies, where continuity is crucial to ensure effectiveness and safety.

Full Abstract available here

