DOCUMENTING AND ASSESSING THE PHARMACEUTICAL CARE SERVICE WITHIN A RHEUMATOLOGY DEPARTMENT: A 5 YEAR OVERVIEW

Louise Grech[1], Andrew A. Borg[2], Bernard Coleiro[1], Anthony Serracino Inglott[1], Lilian M. Azzopardi[1]
[1]Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta
[2]Department of Medicine, Faculty of Medicine and Surgery, University of Malta, Msida, Malta
Email: louise.grech@um.edu.mt

Department of Pharmacy

University of Malta

INTRODUCTION

A clinical pharmacy service at a rheumatology department within an acute general hospital in Malta was established 9 years ago. Since then the clinical pharmacist has become a regular member of the team within rheumatology services, attending ward rounds led by the consultant rheumatologists and participating in adult and paediatric rheumatology outpatient clinics.

AIMS

To assess the impact of a pharmaceutical care service offered to patients within the rheumatology department at Mater Dei Hospital.

METHOD

Pharmaceutical care issues identified during ward rounds and within the adult and paediatric rheumatology outpatient clinics were documented over a period of 5 years. The classification system of drug therapy problems developed by Cipolle et al (2004) was reviewed and adapted to accomodate service requirements.

Table 1. Adaptation of the drug therapy problems classification

Drug therapy problem	Changes made
Additional medication needs	Retained
Unnecessary medication	Retained
Ineffective drug prescribed	Changed to inappropriate medication selected
Dose too low	Retained
Dose too high	Retained
Noncompliance	Changed to Inappropriate compliance and failure to receive medicines appropriately
Adverse drug reactions	Changed to Adverse drug reactions/interactions
Counselling needs	Added
Monitoring needs	Added
Seamless care	Added

RESULTS

Out of the 7 drug therapy problems categories given by Cipolle et al (2004), 4 were retained, 3 were changed and another 3 were added to the list (Table 1).

A total of 10,081 pharmaceutical care issues (mean 2016.2/year; SD 448.2) were identified over 5 years. The majority of the pharmaceutical care issues identified were classified as counselling needs (n=2004, 19.9%); additional medication needs (n=1986, 19.7%), inappropriate compliance and failure to receive medicines appropriately (n=1861, 18.5%) and seamless care (n=1699, 16.9%) (Table 2).

Table 2. Drug Therapy Problems identified over 5 years

Drug therapy problems	N (%)
Additional medication needs	1986 (19.7%)
Unnecessary medication	757 (7.5%)
Inappropriate medication selected	226 (2.2%)
Dose too low	254 (2.5%)
Dose too high	299 (2.9%)
Adverse drug reactions/interactions	147 (1.5%)
Inappropriate compliance/failure to receive medicines appropriately	1861 (18.5%)
Counselling needs	2004 (19.9%)
Monitoring needs	1699 (16.9%)
Seamless care	848 (8.4%)
TOTAL	10081

CONCLUSION

This study reflects aspects of the interventions of the clinical pharmacist within medicines management in a rheumatology care setting. The clinical pharmacist participates in the selection of appropriate medicines according to each patient's needs, ensure patient access and compliance to the prescribed medications. Appropriate medicines management increases patient safety which leads to better quality of life for patients.

References: Cipolle RJ, Strand LM, Morely PC. Pharmaceutical Care Practice: The Clinician's guide. USA:McGraw Hill;2004.