



eISSN 2448-9514
ISSN 0379-802X

Volume 52

Supplement 1

October 2021

JCCP

JOURNAL OF THE CEYLON COLLEGE OF PHYSICIANS

Abstracts

of the

Annual Academic Sessions 2021

of the

Ceylon College of Physicians

in collaboration with

Royal College of Physicians

&

Royal College of Physicians of Edinburgh

7th - 9th October, 2021

Colombo, Sri Lanka

Oral Presentation- 05

OPPORTUNITIES FOR OPTIMIZATION OF DRUG THERAPY AND CHARACTERIZATION OF DRUG-RELATED PROBLEMS IN CKD/CKDU PATIENTS UNDERGOING HEMODIALYSIS IN SRI LANKA

Kalpani AGS^{1,2}, Mohamed F^{2,3}, Hough JE^{2,3}, De Silva DNN¹, Jayamanne SF^{1,2}

¹Department of Medicine, Faculty of Medicine, University of Kelaniya, Sri Lanka, ²Collaboration of Australian and Sri Lankans for Pharmacy Practice Education and Research (CASSPER), Brisbane, Australia, ³Department of Pharmacy, Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka

Introduction and objectives

Drug-related problems (DRPs) in ESRD patients undergoing haemodialysis have not been investigated in Sri Lanka. The present study was conducted to identify and characterize the potential drug-related problems and identify opportunities to optimize drug therapy in ESRD patients undergoing haemodialysis.

Method

As part of RCT at ambulatory hemodialysis (HD) units of Teaching Hospital Anuradhapura (THA) and District General Hospital (DGH) Polonnaruwa, randomly selected ESRD patients undergoing hemodialysis were recruited for the study. DRPs were identified by reviewing the clinic drug charts, patient clinic records and structured interviews with patients or caregivers to identify the patients' actual drug-taking behaviour. Identified DRPs were categorized using a PCNE classification system V.08.

Results

A total of 1350 drug related problems were identified in 283 ambulatory HD patients during the study period. Patients were taking an average of 10.64 drugs and had 4.77 DRPs. Unnecessary drug treatment (30.3%), effect of the drug treatment not optimal (29.9%) followed by untreated symptom or indication (24.5%) were the most prevalent DRP categories according to the PCNE classification system. The major cause for the identified DRPs was a prescriber related (50.22%) followed by patient related (30.0%) and dispensing related (16.9%) causes in ESRD patients undergoing HD.

Conclusions

ESRD patients undergoing HD had a large number of medications which increases the risk of potential DRPs. Significant opportunities exist for pharmacists' input to improve the quality use of medicines by identifying and resolving the DRPs in ESRD patients undergoing haemodialysis in the current Sri Lankan government hospital setting as part of multidisciplinary team