D-1458 Identification of pharmaceutical care needs for a sample population of rheumatoid arthritis patients on methotrexate

Background: Effective and safe pharmacological management of rheumatoid arthritis patients depends the safe prescribing, monitoring and administration of disease modifying anti- rheumatic drugs and biological agent. Pharmaceutical care services implemented within a multidisciplinary team can further improve medication monitoring.

Purpose: To assess the impact of a pharmaceutical care service offered to patients within the rheumatology department out- patient setting in a general public hospital.

Methods: Rheumatoid arthritis adult patients who were on methotrexate regularly attending the Rheumatology Out- Patient Clinic (RC) were eligible to participate in the study. Pharmaceutical care issues identified during visits at the RC were documented. The drug therapy problems identified were categorized into an amended classification developed by colleagues (McAnaw, 2003) at the Strathclyde Institute of Pharmacy and Biomedical Sciences. Each of the pharmaceutical care issue identified was categorized as either an actual or potential drug therapy problem. Actions (checks or changes) needed to resolve each care issue problem were documented in the care plan within the patient's medical file.

Findings: A total of 88 patients were recruited in the study. The mean (SD) age of the patients was 60.8 (11.6) years. The mean number of years on methotrexate was 10 years. A total of 106 pharmaceutical care issues were identified for the 88 patients giving a mean of 1.2 per patient where 72% (n=76) were actual drug therapy problems requiring alteration of the therapeutic plan and 28% (n=30) were potential drug therapy problems requiring resolution by reference back to the therapeutic plan. The most common actual drug therapy problem identified was inappropriate compliance (28.8%) followed by additional medication needs (18.2%) and unnecessary medication prescribed (16.7%). The most common potential drug therapy problem identified was related to potential adverse events (70%) followed by inappropriate compliance (16.7%).

Conclusion: The pharmaceutical care intervention led to the identification of drug therapy problems which were subsequently discussed with the physicians. References: McAnaw JJ. Development of novel approaches to demonstrate the quality of drug therapy use. PhD thesis. Department of Pharmaceutical Sciences. Glasgow: University of Strathclyde. 2003

Location of Primary Work: Malta