# Drug Encounters in a Kidney Hospital: A One Year Review.

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### Introduction

- •Evidence based medicine has identified newer drugs that have better safety profile for renal patients
- Current Tx recommendations stress:
- > the importance of therapies to improve the morbidity and mortality of these patients
- > therapies that delay the progression of kidney disease.
- This is best served if and when the prescribing physicians are abreast with current standard guidelines and medications.

### **Objectives**

- To determine the prescribing pattern among doctors in Kidney Care Centre Ondo.
- To determine if prescribers are compliant to current pharmacological trends in renal care.

# Methodology

- ➤ 3,545 patient encounters were reviewed retrospectively for a 1-year period at the Centre between March 2014 and February 2015.
- ➤ Prescriptions containing only galenicals and written by non- doctors were excluded.
- Serum creatinine and glomerular filtration rates were obtained from patients case notes.

# Methodology (ctd)

- ➤ We determined prescribing pattern using prescribers indicator
- ➤ We determined prescribers adherence to current guidelines by comparative analysis
- ➤ Data was analysed using SPSS version 17.

## Profile of prescribers at KCC

• Consultants ----- 2

Medical Officers----- 6

• Corp doctors----- 5

House Officers----- 4



### KIDNEY CARE CENTRE ONDO

#### Prescription Form

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REMARKS-

### Operational Definition

- **Drug encounter** refers to each prescription written by a prescriber to a patient in a health facility.
- Range for average drug encounter = 1.6-1.9
- **Drug use indicator** is a measure to determine the behaviour of a prescriber
- WHO: How to investigate drug use in health facilities: selected drug use indicators. Geneva: WHO/DAP/93.1; 1993.

### Prescribing Indicators

- Average no of drugs per encounter = (total number of drugs prescribed) ÷
   (total number of encounters surveyed).
- % of drugs prescribed by generic name = (no of drugs prescribed by generic name)  $\div$  (total no of drugs prescribed)  $\times$  100.
- % of encounters with a drug class prescribed = (no of patient encounters during which the drug class was prescribed) ÷ (total no of encounters surveyed) x 100.
- % of encounters with an injection prescribed = (no of patient encounters during which an injection was prescribed) ÷ (total no of encounters surveyed) x 100.

-WHO: How to investigate drug use in health facilities: selected drug use indicators. Geneva: WHO/DAP/93.1; 1993

# RESULTS

### PATIENTS' CHARACTERISITCS

**Patients** (*n*) 374

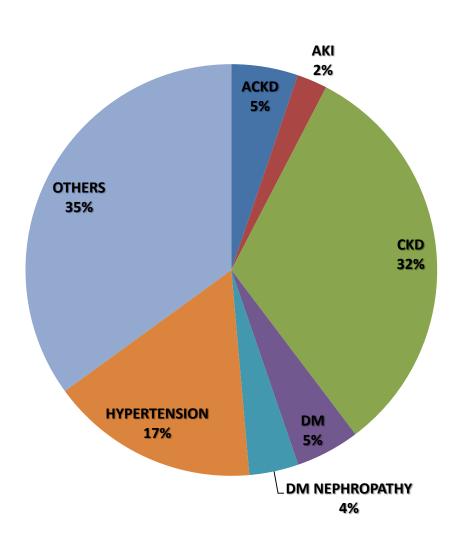
Male (n, %) 255 (60.2%)

Female (n, %) 149 (39.8%)

**Age (range) in years** 49.3 (16-88)

**e-GFR** 36.3ml/min/1.73m<sup>2</sup>

# Diagnosis of patients studied



# Results (ctd)

- Average drug encounter at KCC Ondo was 1.67
- This compared favourably with WHO standard.

### Standard Clinical Guidelines

GUIDELINE S	I <sup>st</sup> choice	2nd	3rd
JNC 7	Diuretics	CCBs	ACE Inhibitors
KCC	Diuretics (63.1%)	CCBs (11.6%)	ACE-Is (10.0%)
ADA 2013	Biguanides (exclude CKD pts)	Thiazolidinediones	Sulphonylureas
KCC	DPP4-Is (37.9%)	Insulins (29.8%)	Sulphonyl(17.4%)
KDIGO 2012(ANEMI A)	Ferrous salts, Folic acid, IV iron	ESAs	Red cell tranfusion
KCC	Ferrous salts, Folic acid, IV iron (55.2%)	<b>ESA</b> s (44.8%)	

## Results and Discussions

DRUG CLASS	PERCENTAGE	SUBCLASS	DRUG NAME	NEWER TRENDS
ANTIHYPERTENSIVES	45.8%	DIURETICS 63.1%	Furosemide 63.1% Hydrochlothiazide 27.0%	Torsemide 2.82%
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Metolazone, Indapamide, Chlorthalidone- NIL
		ACE INHIBITORS 10.0%	Lisinopril- 98.7%	Ramipril- 1.2%
		ARBs 3.7%	Valsartan-90.0% Losrtan-10.0%	Telmisartan- NIL
ANTIANEMIAS	22.4%	FERROUS SALTS, FOLIC ACID, ORAL IRON- 55.2%		
		EPOETIN-44.8%		
AGENT SPECIFIC: ANTIBIOTICS	13.8%	5-NIRTOIMIDAZOLES 31.2%	Metronidazole- 31.2%	Moxifloxacin Meropenem
VACCINES	-	-	-	Pneumooccal, Menigococcal, Hepatitis B

### Conclusion

- Doctors at KCC practised within the limits of WHO recommendations
- However, due to a numbers of factors, they prescribed more of older generations
- There was an adherence to standard guidelines

### Recommendations

- Continuing Medical Educational for doctors on prescription writing and rational drug use
- There should be regular inter-departmental interactive sessions between Pharmacists and doctors at all levels
- There should be feedback control systems and immediate review of prescriptions and patients case notes by the hospital pharmacist.

# THANKYOU ANY QUESTIONS?