Five years of comprehensive attention : applying the world federation of hemophilia recommendations
Drug facility for support in the treatment Of patients with hematological disorders

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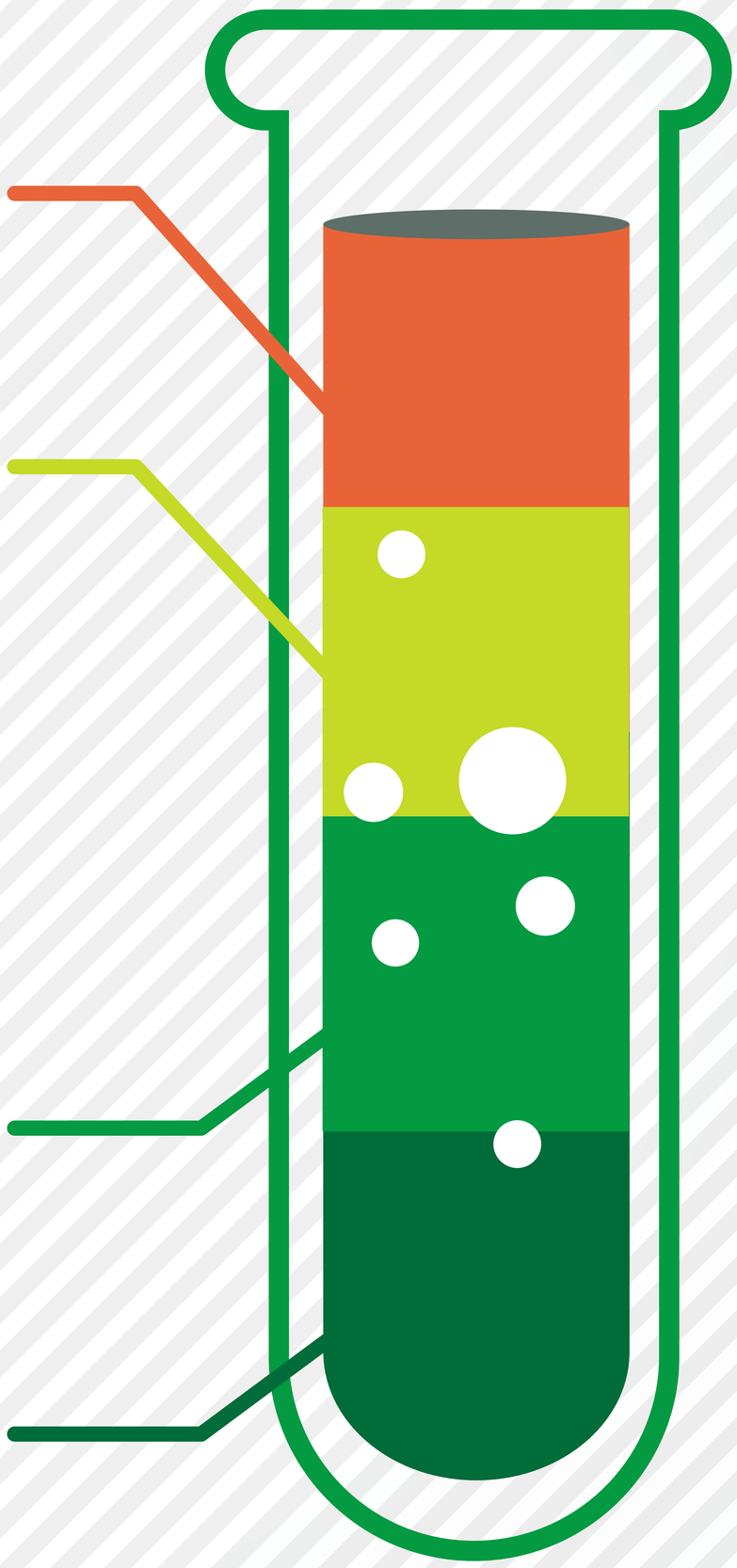
The Granada Consensus defines Pharmacotherapy follow-up as the professional practice in which pharmacist is responsible for the patient's drug-related needs. Fort this, we are constantly detecting drug-related problems (DRP) and prevention and resolution of negative outcomes associated with medication (NOM). This service needs commitment, and must be provided in a continuous, systematic and documented way, in collaboration with the patient and other professionals in the healthcare system, to achieve concrete results that improve the patient's quality of life.

The Pharmacist services conduct several activities, not only intended for the drug care to ensure its technical conditions, but also in the ongoing education to patients, to achieve a safe drug management and treatment efficacy.

Monitoring Hemophilia A patients, we found out that 93% had no problems related to medicine (DRP) and 4% reported some mild adverse reaction, which did not require a drug withdrawal. In terms of meeting the obligations, 2% miss a dose of their complementary pharmacological therapy, but more than 50% of the patients, commit to the therapeutic indications and self-care. While plasma derivatives are the products used, we have no newly HIV and Hepatitis C infected patients. The highest percentage (89%) of interventions on these patients is aimed at monitoring and leading a permanent education.

For Hemophilia B patients, there are no DRP. 85% of them are motivated and responsible with their condition. Their evolution is stable and they usually meet the terms of therapeutic indications and self care.

The products we use are plasma derivatives. We have no HIV and hepatitis newly infected. In addition, there are two patients with inhibitors, one of them new.



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