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KEY WORDS: PHARMACEUTICAL CARE, HIV INFECTION, DRUG-RELATED PROBLEM, MEDICATION ERROR, COMPLIANCE

SUKANYA AVIHINGSANON: PHARMACEUTICAL CARE SERVICE IN THE PEDIATRIC HIV CLINIC AT QUEEN SIRIKIT NATIONAL INSTITUTE OF CHILD HEALTH. THESIS ADVISORS: PREECHA MONTAKANTIKUL, Pharm.D., BCPS., TAWEE CHOTPITAYASUNONDH, M.D., DTM&H, Thai Board of Pediatric., CHUTHAMANE SUTHISISANG, Ph.D. (Pharmacology). 185p. ISBN 974-664-894-2

Pharmaceutical care is an emerging role of pharmacists' which appears to be valuable for several groups of patients. The pharmaceutical care service is implemented in the pediatric HIV clinic. The objective of this study is to describe the role of a pharmacist in providing pharmaceutical care. The service was provided to 40 HIV-infected children with antiretroviral therapy attending the HIV clinic at Queen Sirikit National Institute of Child Health. The service including medication review, compliance assessment, medication administration verification, patient education and counseling, medication therapy and adverse drug reaction monitoring was provided for 3 consecutive visits. The type and the number of drug-related problems (DRPs) and medication errors (MEs) were identified. The pharmacist's intervention and the patient's medication compliance resulting from the service were recorded. The study sample had the mean±SD age of 2.35±2.01 years. The mean CD₄ was 13.98% (ranged 0% - 42%) and 65% of the patients had clinical category B or C. The result showed that a total of 204 DRPs were identified in the whole study. The percentages of patients with DRPs in visits 1, 2, and 3 were 83.3%, 80.5%, and 77.8%, respectively. The downward tendency appeared in subcategory of dosage too low and not following instruction. The pharmacist intervened 65% of total DRPs (133 of 204). Of the total interventions performed with physicians, 75.4%(49 of 65) were accepted. Eighty MEs were identified throughout the study. The percentages of patients with MEs in visits 1, 2, and 3 were 67%, 25%, and 33%, respectively. Seventy-five percent of MEs was administration error. The percentage of noncompliant patients assessed by pill count before the counseling was 40%. After the counseling, it decreased to 18.2% in visit 2 and 16.7% in visit 3. By self-report, the percentages of noncompliant patients in visits 1, 2, and 3 were 21.1%, 5.7%, and 0%, respectively. In conclusion, the pharmacist might have a beneficial role in the caring of HIV-infected children in an ambulatory setting.