

Maximising metabolic monitoring: pharmacist management making an impact

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Introduction

- Antipsychotic-induced cardiovascular disease is an avoidable contributor to premature mortality amongst patients with severe mental illness.
- Baseline monitoring of fasting lipid profiles and blood glucose levels is vital for the diagnosis of metabolic syndrome.
- An index (2018) audit showed poor screening rates (50% screened with 4% fasted) and led to changing phlebotomy service times and pharmacist-initiated metabolic pathology ordering. A post-intervention audit (2019) show some improvement in metabolic monitoring rates (55% screened with 33% fasting). A post-intervention audit (2021) show some improvement in metabolic monitoring rates (55% screened with 33% fasting).

Aims

This third phase audit aimed to determine whether the improved metabolic screening rates due to pharmacist-initiated metabolic ordering continue to be effective and audited pharmacological and non-pharmacological interventions made from abnormal metabolic screening results.

Methods

- This was a retrospective audit of 144 patients taking regular antipsychotics admitted to an adult inpatient unit (July – December 2020).
- Patients were identified using an ieMR detail order report.
- Data was extracted for lipid profile pathology and any interventions made for abnormal results.
- Interventions were defined as either pharmacological (addition or augmentation of statin or fibrate therapy) or non-pharmacological (diet and exercise advice +/- recommendations for further monitoring).
- Rates of metabolic screening and fasting status were compared to previous audits.

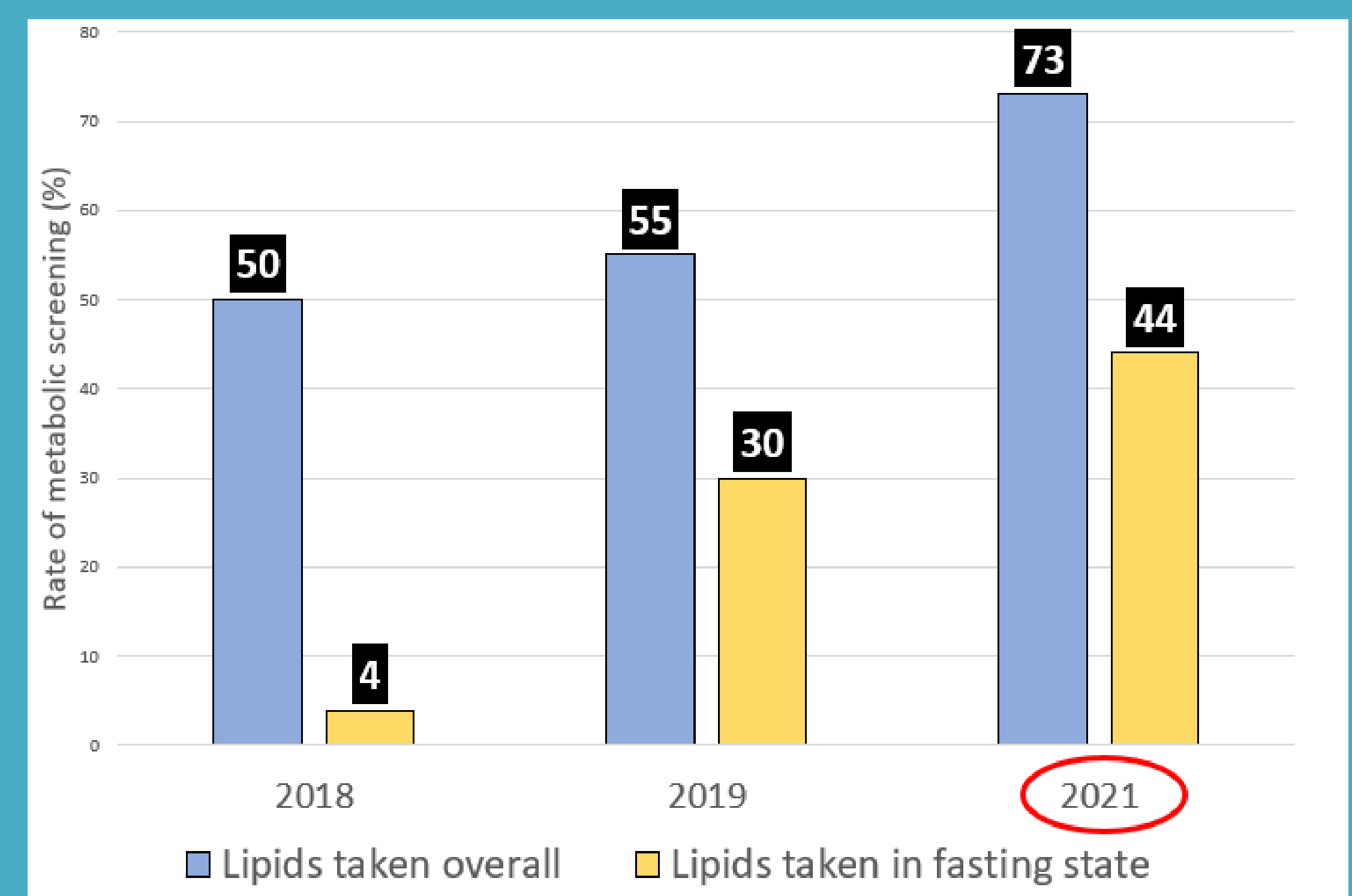


Figure 1: Rates of metabolic screening

Results

- Results showed an improvement in metabolic screening rates (73%), and fasting status (44%) - Fig 1.
- For patients with abnormal results, 16 out of 25 (64%) received a clinical intervention – Fig 2.
- Pharmacological interventions were more likely be actioned when requested by a ward pharmacist (7-fold increase).

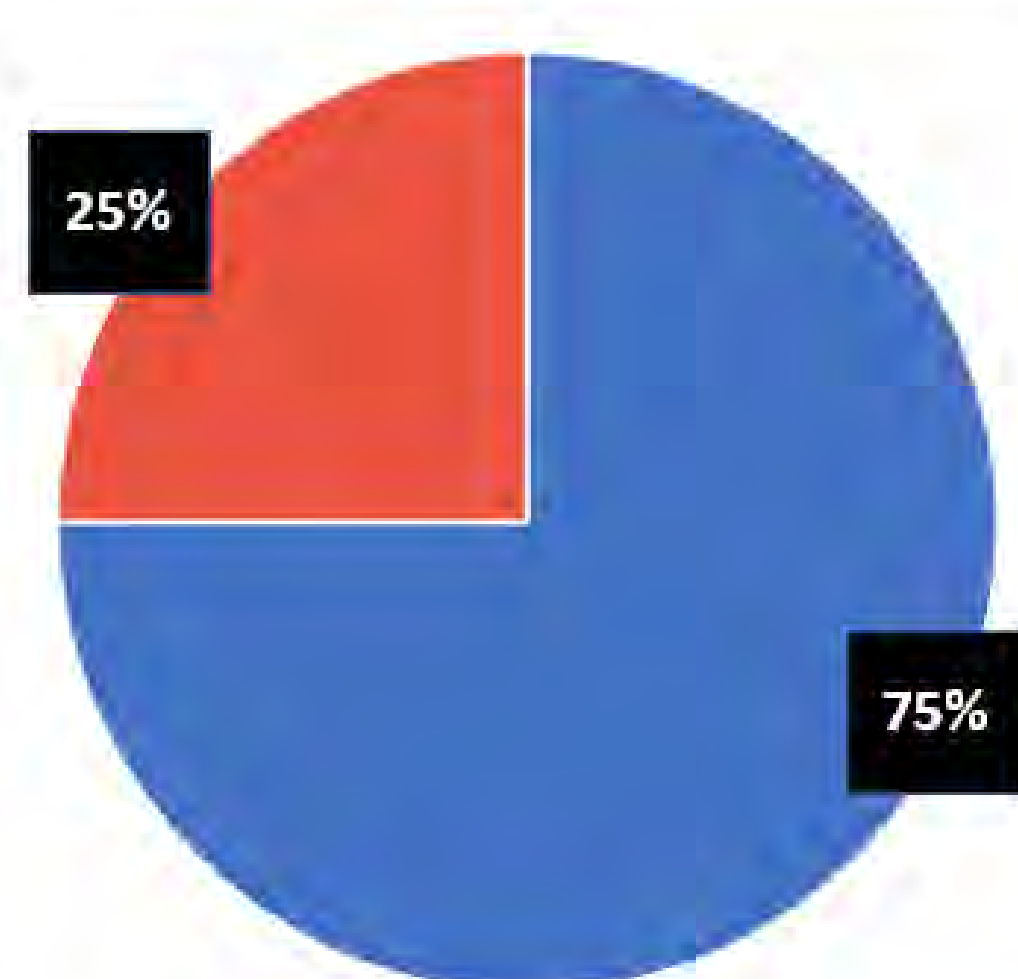
Conclusion

- Our results suggest that pharmacist-initiated metabolic ordering continues to show improved rates in metabolic monitoring.
- Ward pharmacist-initiated interventions were shown to be the most effective method of initiating treatment in response to abnormal lipid pathology.

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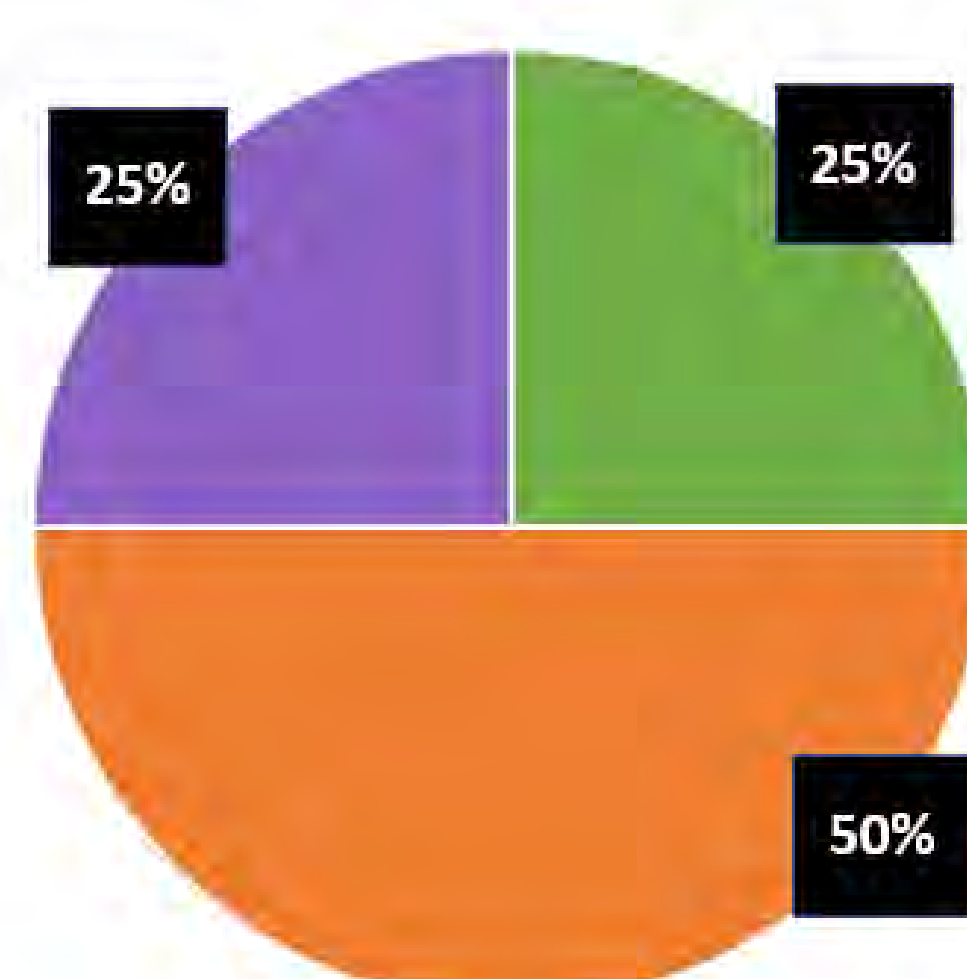
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Pharmacological interventions (n=8)



■ Statin added
■ Statin dose increased

Non-pharmacological attempts at intervention (n=8)



■ Diet and exercise advice
■ Advise for further metabolic screening
■ Diet and exercise advice + further metabolic screening

Figure 2: Clinical interventions for abnormal results