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BACKGROUND

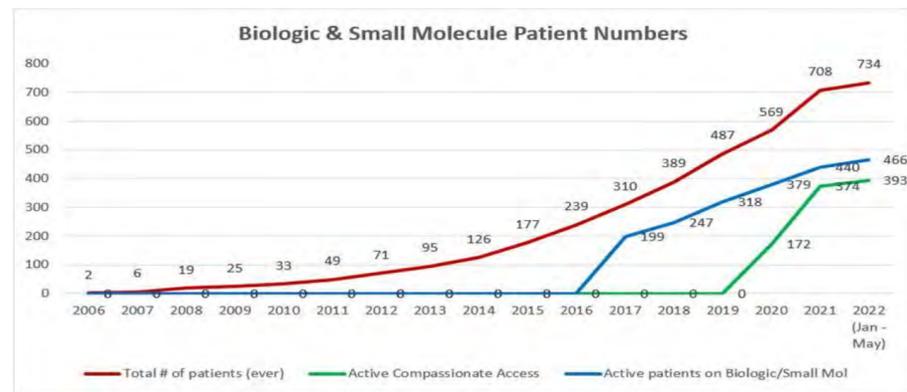
The burden of Inflammatory Bowel Disease (IBD) in Australia is increasing. In addition, IBD patients are requiring more complex medical treatment and interventions¹. The involvement of a multi-disciplinary team to address the different aspects of treatment and adherence has become more widely accepted².

Pharmacists are able to work alongside Gastroenterologists and Registered Nurses (RN) to optimize pharmacotherapy.

OBJECTIVES

The establishment of a model of care that is effective and sustainable for the increasing numbers of patients referred to the service. As 63.5% of patients are on biologics and small molecules with complex dosing, the need arose for a dedicated IBD Pharmacist and Biologics Nurse.

- 1 • **Gastroenterologist** presents pharmacotherapy options
- 2 • **IBD Registered Nurses** supplies medication information
- 3 • **IBD Pharmacist** provides extensive counselling



METHODS

The addition of a specialist Pharmacist in an IBD clinic at a major tertiary referral hospital has been adopted to facilitate transition of care and patient education. An initial project undertaken included patient education on newly initiated IBD related medicines for outpatients via phone call. Previous practice involved patients receiving information pertaining to their new medicines in one session from the IBD RNs.

- Infliximab
- Adalimumab
- Vedolizumab
- Ustekinumab
- Tofacitinib

Biologics and Small Molecules

- Methotrexate
- Azathioprine
- Mercaptopurine
- Corticosteroids

Immunomodulators

- Mesalazine
- Sulfasalazine

5-Aminosailcycles

The new model of care shifted to patients only receiving a brief verbal summary including written information to do their own reading by the RNs. Patients were then informed that a Pharmacist will be in contact within one week to provide an in-depth discussion on their new treatment.

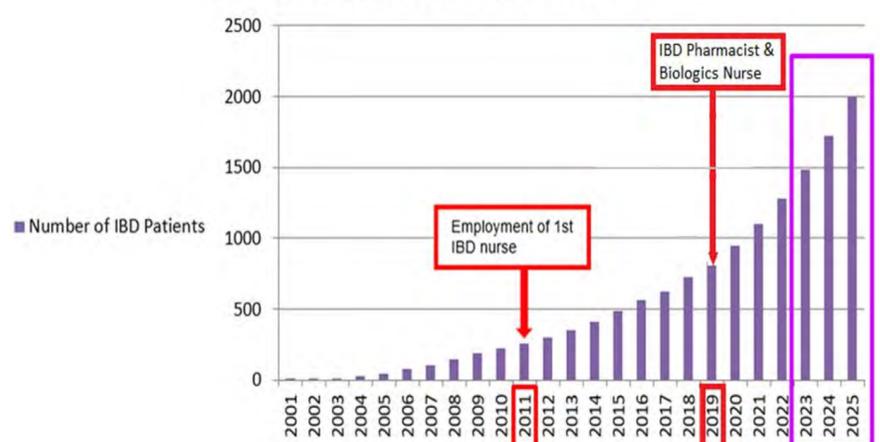
EVALUATION

This model allowed patients to review the information and think of questions they may want to ask. The session was more interactive as specific issues related to each individual were raised such as adverse effect profile and pregnancy. 94% of patients reviewed by the IBD Pharmacist initiated or continued their treatment. Positive verbal feedback expressed indicated patients were satisfied with the outcome. This also allowed IBD RNs to conduct other activities and utilize the IBD Pharmacist in improving medication adherence.

DISCUSSION

The embedding of the IBD Pharmacist and Biologics Nurse in the clinic allowed the multidisciplinary team to care for more patients as the number increased by 67% within 3 years. The limitations for this service was the sustainability as the workload for the IBD Pharmacist increased. Additional Pharmacy resources will be needed given the trajectory and complexity of patients.

Growth in Number of IBD Patients



References:
¹Pudipeddi, Aviv, et al. "High prevalence of Crohn disease and ulcerative colitis among older people in Sydney." *Medical Journal of Australia* 214.8 (2021): 365-370.
²Quinn, Kevin P., et al. "Impact of a multidisciplinary eboard on the management of patients with complex inflammatory bowel disease." *Crohn's & Colitis* 360 1.2 (2019): otz013.