

Summary

Background: Concurrent use of multiple drugs often increases therapeutic effectiveness, but very often may also pose a risk for drug interactions. These may result in severe clinical manifestation, if they are not paid an attention and improperly managed.

Aim: To assess percentage of potential drug interactions in the population of patients with diagnosis of inflammatory bowel disease (IBD) and suggest their management.

Methods: 177 patients with IBD (84 male, 93 female, mean age 36,9, range 16 – 78, 117 CD, 60 UC) enrolled. Their complete medication was gained by means of an interview and subsequently evaluated and processed with Thomson MICROMEDEX[®] DRUG - REAX[®] System to reveal potential drug interactions. All the identified drug interactions were taken as potential. There was no prove if patient was harmed by them.

Results: In CD, the most prescribed drugs were aminosalicylates (39 %), corticosteroids (both topical and systemic)(21 %) and immunosuppressants (23 %). The other prescribed medicines were proton pump inhibitors, iron containing preperates, probiotics and TNF- α inhibitors.

In UC, the most prescribed drugs were aminosalicylates (51 %), corticosteroids (both topical and systemic)(22 %) and immunosuppressants again (13 %). The other prescribed medicines were proton pump inhibitors, iron containing preperates, probiotics and TNF- α inhibitors again.

In the complete medications of the tested cohort subjects, overall 18 potential drug interactions were revealed. 5 (28 %) of them were classified as “minor”, 9 (50 %) as “moderate” and 4 (22 %) of them as “major”.

In the group of drug interactions classified as „major“, unsuitable combination of angiotenzine converting enzyme inhibitor and kalium sparing diuretic, or kalium sparing diuretics and kalium supplementation were the most frequent. This combination may cause severe hyperkalemia.

Conclusions: Drug interactions may be a serious clinical problem. In our examined cohort of 177 patients, 18 potential drug interactions of any severity were identified.

A pharmacist can be very important in the process of drug interactions detection. He is educated in the problematics of drug interactions and his knowledge should be intensively improved during postgradual education.