

## DEVELOPMENT OF PHARMACEUTICAL CARE TOOLS FOR PEOPLE LIVING WITH HIV TREATED AT A MEDIUM- AND HIGH-COMPLEXITY HOSPITAL

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### Introduction

The exposure of people living with HIV (PLHIV) to antiretrovirals (ARV) can cause significant adverse effects, contributing to their low adherence to treatment.<sup>1</sup> The lack of adherence by patients can result in serious damage to the immune system, reflected in low levels of T-cell CD4+ lymphocytes and, consequently, increasing the speed of their progression to the development of AIDS.<sup>2</sup> The pharmacist can contribute to the optimization of PLHIV drug therapy through pharmacotherapeutic follow-up (PF), favoring adherence to ARV therapy and, consequently, suppression of the viral load.<sup>3</sup> The objective of the present study was to develop a PF routine for PLHIV in outpatient follow-up at a medium- and high-complexity hospital in the city of Rio de Janeiro.

### Material and Methods

This is an experimental development project that consists of using knowledge from practical experience and research from the specialized literature to subsidize the structuring of a new service to support PLHIV.

The educational leaflets for patients and information boards were developed through a literature search, whereas the pharmaceutical documentation instruments and standard operating procedures (SOP) were developed through adaptations of the Dáder method.<sup>4</sup> The questions of the self-report method established by Morisky-Green were used to assess adherence to ARV medications.<sup>5</sup> All work instruments were subjected to a test to evaluate the need for changes to improve the service.

The work was divided into three parts: development of the necessary instruments for pharmaceutical care, elaboration of SOP for patient care and testing of routines and work tools.

### Results and Discussion

Five electronic forms and three SOP were developed to guide the execution of the service. The forms were developed to collect sociodemographic data (gender, education, race); lifestyle habits (exercise, use of alcohol, cigarettes or illicit drugs consumption); clinical characteristics of the patient (viral load and T-cell CD4+ lymphocyte level); patient understanding of HIV; medications (drug name, how the patient stores the drug, when treatment began and allergic reactions); adherence to ARV medications; and signs and symptoms by body systems. The forms classify the patient's health problems according to concern (little, regular or very worrying) and the negative results associated with the medication in terms of necessity, effectiveness or safety. The other support tools were developed in order to support the pharmaceutical education process during the consultation.

### Conclusion

The structuring and preparation of the tools is essential for an effective PF service. We hope that the tools, when effectively articulated in clinical practice, will be able to assist all stages of the PF, facilitating the identification of NMRs and the structuring of an action plan focused on adherence to ARV, promoting greater safety and effectiveness of drug therapy.

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