

MODERN APPROACHES TO PERFORMING PHARMACEUTICAL CARE IN WOMEN WITH ANEMIA OF PREGNANCY WHEN TREATMENT WITH IRON PREPARATIONS

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In most countries of the world, iron deficiency anaemia, due to its high frequency of occurrence, is one of the most important medical and socially significant problems. According to WHO, its frequency in pregnant women is 31-80%, which is significantly higher than among the rest of the population of the respective countries. This haematological pathology significantly disrupts the condition of patients and causes functional changes in the organs and systems of both children and adults. And therefore, anaemia is of particular importance in pregnant women, where it is viewed as a complication of pregnancy. Moreover, adequate treatment is of particular importance precisely among pregnant women who have a high risk of developing concomitant extragenital pathology. Due to the well-known effect of their mutual burdening [1, 2].

The basis for treating anaemia in pregnant women is currently the oral administration of iron preparations. At the same time, iron-containing preparations in a significant number of cases of use give various side effects. Mainly from the digestive tract (dyspepsia, nausea, diarrhoea, constipation, etc.). Their frequency directly depends on the dose of iron used, which, in turn, is directly related to the degree of anaemia detected in the patient [3]. In this situation, the rational use of pharmaceutical care comes to the fore. It is the basis for the successful treatment of patients of all profiles, ensuring an appropriate quality of life and preventing possible complications. When iron supplements are used in the treatment of anaemia in pregnant women, pharmaceutical care of adequate volume and quality plays a very important role.

Our work aimed to conduct a clinical and pharmaceutical study to optimize the use of pharmaceutical care when prescribing iron supplements in pregnant women with iron deficiency anaemia.

In total, we analyzed the data of 69 patients aged 25 to 35 years, who were observed and treated on an outpatient basis in the conditions of the University Clinic of Kharkiv National Medical University. The methods used in the study were clinical-pharmaceutical, clinical, as well as structural analysis and evaluation of the survey questionnaires. The questionnaires contained questions about the side effects of iron supplementation (their frequency, severity and intensity). The subjective data obtained in this way were supplemented with laboratory and regular follow-up examinations. The duration of the course of treatment depended on the degree of anaemia, which was confirmed by blood tests over time and ranged from 30 to 90 days. During the treatment period, the patients' condition, their laboratory parameters and the accuracy of their fulfilment of medical prescriptions were monitored.

According to the results of the clinical and pharmaceutical analysis, it was found

that the most significant clinical aspect in antianaemic therapy is the optimization of the rational use of iron preparations, including in the obstetric practice of clinical branch medicine. Which is directly related to the work of antenatal clinics and outpatient departments of hospitals.

The following modern provisions of pharmaceutical care in the use of iron preparations, in particular in the treatment of iron deficiency anaemia during pregnancy, have been determined.

1) Treatment with iron preparations is recommended only under medical supervision.

2) Treatment with iron preparations should be monitored by periodic laboratory examinations (blood tests).

3) In the treatment of anaemia in pregnant women, iron preparations for oral administration should be mainly used.

4) When using the treatment of anaemia in pregnant women, ferrous iron preparations should be preferred.

5) The use of iron supplements for anaemia of pregnant women must be combined with the optimization of the diet (a sufficient amount of protein, vitamins with fractional meals, etc.).

6) The use of iron preparations for anaemia of pregnant women must be combined with the introduction of meat dishes (mainly chicken) into the menu.

7) When using the treatment of anaemia in pregnant women, it should be taken into account that the simultaneous administration of iron preparations orally and parenterally should be completely excluded.

8) Treatment with parenteral forms of iron preparations for anaemia of pregnant women should be carried out only in the departments of medical institutions permanently.

9) During pregnancy, the prophylactic intake of multivitamin preparations containing iron (Glutamevit, Complevit, Oligovit, etc.).

10) Iron preparations are usually taken orally in the form of tablets, pills, effervescent tablets, syrups and solutions.

11) It is better to take iron medications on an empty stomach 30-40 minutes before meals with water.

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