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**АКТУАЛЬНІ ПИТАННЯ
КЛІНІЧНОЇ ФАРМАКОЛОГІЇ ТА КЛІНІЧНОЇ ФАРМАЦІЇ
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THE ROLE OF PHARMACIST IN IMPROVING THE EFFICACY AND SAFETY OF DRUG THERAPY IN PATIENTS WITH LIVER CIRRHOSIS

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Introduction: Liver cirrhosis is a late-stage chronic liver disease characterized by irreversible scarring (fibrosis) and loss of normal liver architecture, leading to impaired liver function. It remains a significant global health concern, with its prevalence and impact continuing to evolve, approximately 1.3% of the global population is affected by liver cirrhosis.

Aim: The objective of this work is to study the role of pharmacist in improving the efficacy and safety of drug therapy in patients with liver cirrhosis.

Materials and methods: The methodological basis of the study is the principles of objectivity and consistency. The work uses a complex of general scientific and special methods: theoretical, generalization, data systematization, comparison, methods of studying literary sources, analysis, questionnaire method, statistical methods, etc.

Results and their discussion: Pharmacists play a crucial, multifaceted role in the prevention, management, and education of patients with liver cirrhosis. As medication experts and accessible healthcare providers, pharmacists help optimize drug therapy, ensure safe medication use, and support patient outcomes in both community and hospital settings. Through their expertise in pharmacotherapy, they contribute significantly to improving patient outcomes, preventing medication-related complications, and ensuring the safe and rational use of medicines. Patients with liver cirrhosis often require multiple medications, and impaired liver function can alter how drugs are metabolized, distributed, and excreted. Pharmacist's role includes to identify hepatotoxic drugs and recommend safer alternatives; adjust drug doses based on liver function tests; prevent drug-induced liver injury; avoid drugs with a high first-pass effect, which can accumulate in cirrhotic patients. Patient education and counseling include: educate patients on lifestyle modifications (avoid alcohol; low-sodium diet for ascites; vaccination (HBV, HAV, influenza); provide medication adherence counseling; teach proper lactulose titration for encephalopathy (goal: 2–3 soft stools/day); warn about over-the-counter products and herbal remedies that may harm the liver. Monitoring and follow-up include: monitor for adverse drug reactions (especially hepatic or renal toxicity); check for drug interactions (especially in polypharmacy); help implement clinical guidelines for cirrhosis management; support transitions of care (e.g., from hospital to home).

Conclusions: Pharmacists are essential in improving clinical outcomes, reducing hospital readmissions, and enhancing the quality of life for patients living with liver cirrhosis.