

# **CONFORMITY ASSESSMENT INPATIENT PHARMACOTHERAPY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE TO UKRAINIAN ADAPTED CLINICAL GUIDELINE**

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According to the WHO, the chronic obstructive pulmonary disease (COPD) is the 4<sup>th</sup> leading cause of death in the world, killing annually nearly 2.75 million people. The cost of hospitalization is 40-57% of the total direct costs for patients with COPD, therefore the main aim is the treatment of COPD exacerbations, disease progression and mortality. Pharmacotherapy of COPD is of a lifelong nature, and its costs make up a large part of the budget of Ukrainian patients.

The purpose of the study. Analysis of compliance hospital pharmacotherapy of COPD the recommendations of adapted clinical guideline (ACG) 2013.

Materials and methods. Analysis of hospital pharmacotherapy of COPD was performed on the basis of the therapeutic department Dymytrivsk Central Hospital (Donetsk region). Retrospectively 116 letters of medical appointments were studied for conformity assessment to ACG.

Results. 41 trade names (TN) of drugs of the 23 pharmacological groups were assigned for patients. For the treatment of COPD 25 drugs were appointed, for comorbidities states – 16 drugs. More than 40% of total expenditures were spent on anticoagulant direct action heparin, which is not included in the recommendations of ACG.

Dexamethasone (parenteral form) was injected 93 patients, this appointment has no confirmation, because ACG recommends oral systemic glucocorticosteroids (GCS), such as prednisolone at a dose 30-40 mg daily for 10-14 days. According to the recommendations ACG for patients bronchodilators were intended:  $\beta_2$ -agonists (salbutamol), anticholinergic agents (tiotropiy), inhaled corticosteroids (budesonide) and antibacterials. To prevent side effects of antibacterial agents antihistamines and probiotics were administered for patients.

Conclusion. Analysis of medical appointments demonstrated that in the therapeutic department Dymytrivsk hospital recommendations of ACG were performed in insufficient volume and pharmacotherapy of COPD in this department needs correction.