

The frequency and patterns of Nabilone prescribing and administration among hospitalized oncology patients

Sardar Alam¹, Muhammad Safdar¹, Muhammad Tariq², Abdul Zahir³ and Waqar Alam⁴

¹ Gomal University DIK, Pakistan

² Hayatabad medical complex hospital, Pakistan

³ Hubei medical University, Hubei province China

⁴ Dinajpur Medical College, Bangladesh

Background: Of all the side effects of chemotherapy, CINV remains one of the most dreaded by patients. Evidence based guidelines recommend nabilone for prevention of anticipatory chemotherapy-induced nausea/vomiting (ACINV) but not for rescue nausea/vomiting (RNV). Nabilone may increase the risk for over sedation and falls. The purpose of the study was to characterize the frequency and patterns of Nabilone prescribing and administration as well as to compare the rate of falls in patients prescribed vs non-prescribed nabilone for nausea/ vomiting among hospitalized oncology patients.

Methods: A retrospective study was conducted by reviewing the medical charts of 300 oncology patients admitted in months of June-August 2016 in tertiary care hospitals in KPK. Prescribed indications and actual administration of Nabilone as well as documented patient falls were recorded. Potentially inappropriate prescriptions were defined as frequency <8 hours, dose >2mg, multiple concurrent as needed prescriptions. Inappropriate administrations were not given in the prescribed 1st/2nd/3rd line sequence. Nabilone prescriptions for neuropathic analgesia were excluded.

Result: Out of 300 patients, 61% (n=183) patients with mean

age 51±19 years were prescribed nabilone. The length of stay was 14±11 (p-value=0.0001). The results showed that Nabilone was prescribed for RNV was 49% (n=91) while for ACINV, it was only 21% (n=38). Inappropriate dosing frequency was 9%, concurrent prescriptions were 17% and inappropriate administration was 19% (n=53) patients. Interestingly fall rate in nabilone prescribed patient's p value was 0.7 and among non-prescribed patient's p value was 1.5.

Conclusion: Potentially inappropriate prescribing and administrations of Nabilone for rescue nausea/vomiting were common. Estimated fall rate was not significantly different between patients prescribed and not prescribed Nabilone in this small pilot study. Informed consent was obtained from all patients..

Speaker Biography

Sardar Alam, Pharm.D, now a pre-doctoral student in the school of medicine, University of Crete, Greece. He is a registered pharmacist. His research interest includes oncology, CAM therapies and drug delivery systems. His research articles and reviews have been published in international peer-reviewed journals as well as in conferences. His research expertise includes prescriptions interventions, dose adjustment. He has experience in hospital as well as pharmaceutical industry where he works as a pharmacist as well as R & D officer respectively.

e: sardaralam754@gmail.com

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