

İÇ HASTALIKLARI
POLİKLİNİKLERİNDE AKILCI İLAÇ
KULLANIMI

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İç Hastalıkları ABD

İLAC

- Hastalığa ait durumların veya biyolojik işlevlerin, alıcının yararına deęiştirilmesi amacıyla kullanılan madde (WHO)
- Primum non nocere



AKILCI İLAÇ KULLANIMI (WHO, 1985, Nairobi)

- Kişilerin klinik bulgularına ve bireysel özelliklerine göre; uygun ilacı, uygun süre ve dozda, kendilerine ve topluma en düşük maliyetle sağlayabilmeleri

THE LANCET

LONDON : SATURDAY, JULY 26, 1952

Rational Use of Antibiotics

Box 4 Twelve core interventions to promote more rational use of medicines

1. A mandated multi-disciplinary national body to coordinate medicine use policies
2. Clinical guidelines
3. Essential medicines list based on treatments of choice
4. Drugs and therapeutics committees in districts and hospitals
5. Problem-based pharmacotherapy training in undergraduate curricula
6. Continuing in-service medical education as a licensure requirement
7. Supervision, audit and feedback
8. Independent information on medicines
9. Public education about medicines
10. Avoidance of perverse financial incentives
11. Appropriate and enforced regulation
12. Sufficient government expenditure to ensure availability of medicines and staff



September 2002
World Health Organization
Geneva

5

Promoting rational use of medicines: core components



Definition of rational use of medicines

"Patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community." (WHO, 1985).

The problem of irrational use

Irrational or non-rational use is the use of medicines in a

Assessing the problem of irrational use

To address irrational use of medicines, prescribing, dispensing and patient use should be regularly monitored in terms of:

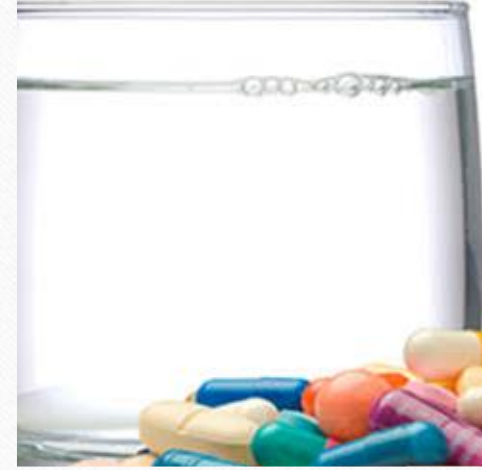
- the types of irrational use, so that strategies can be targeted towards changing specific problems;
- the amount of irrational use, so that the size of the problem is known and the impact of the strategies can be monitored;
- the reasons why medicines are used irrationally,

ANTİBİYOTİKTE DEĞİL SAĞLIĞINIZDA ISRARCI OLUN



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İLACIM

**NE EKŞİK
NE FAZLA!**



İLAÇ DEĞİL, DOĞRU İLAÇ

İLAÇ DEĞİL, DOZUNDA İLAÇ



**Antibiyotiğini
her gün aynı saatlerde
almaya dikkat edin**



Genel Problemler

- Sistem Kaynaklı: Muayene süresi, sađlık bilgi teknolojileri
- Hasta Kaynaklı: Sosyokültürel düzey, sađlık okur-yazarlıđı, medya etkisi
- Hekim Kaynaklı: Endikasyon, hasta ile iletişim, takip

Hekimin Sorumlulukları

- Doğru endikasyon
- Uygun hasta
- Uygun doz
- Yeterli bilgilendirme
- Takip

Hekim Kaynaklı Sorunlar

- Hatalı Endikasyon: Viral enfeksiyonlarda antibiyotik
- Gereksiz İlaç (a pill for every ill) : Analjezik, PPI
- Hastayı yetersiz bilgilendirme : İletişim eksikliği



- ABD’de PPI kullanan hastaların %60’ının uygun bir endikasyonu yok ve PPI başlanan hastaların %30’u 3 yıldan uzun süredir PPI kullanmaktadır.
- ABD’de hipotiroidi prevalansı %0.3-0.8 olmasına karşın, en çok reçete edilen ilk 10 ilaç arasında levotiroksin de yer almaktadır.

Review J Clin Med Res. 2019;11(9):617-622

Overprescribed Medications for US Adults: Four Major Examples

Daniel J. Safer

Abstract

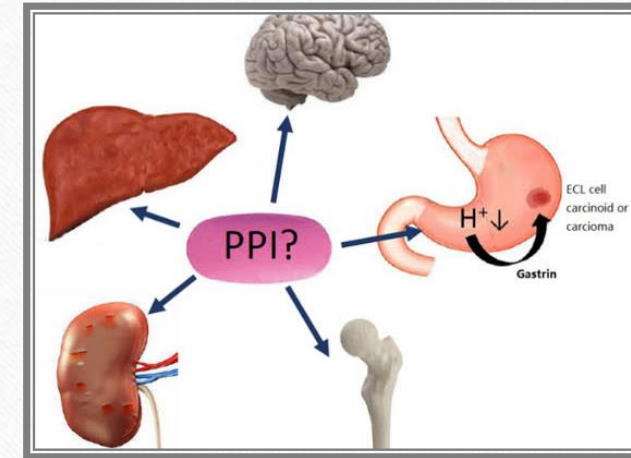
To understand possible medication overprescribing, it would be important to know which classes are the most prescribed, for which indications, for what duration, and for which age groups. Among the 16 most frequently prescribed medication classes for US adults, four were evaluated for overprescribing, and systematically assessed in relation to their primary indication. The assessment included usage patterns, trends, age of recipients, treatment duration, and benefits versus adverse consequences. The findings in this selective review are supported by an extensive search of the medical literature. The four selected medication categories and their most common indication included opioids for chronic pain, proton pump inhibitors for indigestion, levothyroxine for subclinical hypothyroidism, and antidepressants for subyndromal levels of depression. These medications, grouped by their most frequent indication along with polypharmacy, have experienced major prescription increases in recent years, particularly among older patients. Most concerning is that they have been frequently prescribed for extended periods, usually with inadequate evidence of benefit. High drug usage patterns can aid in quantifying overprescribing within polypharmacy by age group.

Keywords: Polypharmacy, Overprescribing, Opioids, Proton pump inhibitors, Levothyroxine, Antidepressants, Overmedicating

evidence indicates that they are prominently overprescribed. So I reviewed the medical literature to identify the ten most frequently prescribed drugs (2, 3). These include antihypertensive medications, statin drugs and insulin, drugs that are rarely associated with overprescribing (4, 5), but there were others listed in the most prescribed top ten whose benefit for their major indication requires careful assessment. These include proton pump inhibitors (PPIs) for gastroesophageal symptoms, levothyroxine (LTX) for subclinical hypothyroidism (SCH), opioids for relief of chronic pain, and antidepressants for subyndromal levels of depression. So, I systematically explored the literature to ascertain if these four highly prescribed drug classes are routinely prescribed with benefit for their most common treatment indication.

Most studies on overprescribing emphasize the adverse consequences of high risk and inappropriate drug treatment for vulnerable adults. Such research usually centers on drug interactions with benzodiazepines, non-steroidal anti-inflammatory drugs (NSAIDs), and drugs that are anticholinergic (6, 7). Their focus is not based on highly prescribed medications or on their inclusion within polypharmacy.

This critical review aims to elucidate to what degree the most common indications for PPIs, antidepressants, opioids, and LTX are medically beneficial, and how such prescribing adds to polypharmacy in older adults.



Medication Overuse Headache

- Ayda 15 günden fazla analjezik kullanımı
- Gelişmiş ülkelerde erkeklerde %1, kadınlarda %2
- Altta yatan migren, gerilim tipi baş ağrısı
- Tedavi: İlacın kademeli kesilmesi



Yetersiz İletişim

- İlaç uyumunda azalma
- Eksik/Fazla ilaç
- Yanlış doz/kullanım sıklığı
- Uzun süreli kullanım



Pratik Öneriler

- Tedavi kılavuzlarını takip etmek
- Poliklinikte sık kullandığımız ilaçların etki ve yan etkilerini gözden geçirmek
- İlacın nasıl kullanılacağını hastaya tekrar ettirmek
- Hastalara kontrol için belirli bir tarih vermek

DİNLEDİĞİNİZ İÇİN
TEŞEKKÜR EDERİM
