MISCELLANEOUS

PP-M-01

A NEW CARE DELIVERY MODEL: DRUG REFILL SERVICES (DRS) IN A BUSY ENDOCRINE CLINIC OF A TERTIARY MEDICAL CENTRE

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INTRODUCTION
A stable and trustworthy healthcare practitioner-patient relationship is of critical importance in chronic care delivery. The quality of outpatient health care services in the public sector is often limited by physician manpower which might be enhanced by a new care delivery model—Drug Refill Services (DRS) involving pharmacists taking on an active role in patient care in the outpatient clinics.

METHODOLOGY
DRS was delivered via a doctor-pharmacist team-based co-care delivery model. Patients fulfilling the DRS inclusion criteria would see a doctor at a more prolonged duration as compared to the usual non-DRS routine, with added regular interim consultations by pharmacists. Thereby, the doctor would be allowed more time to spend on other new and/or complex cases.

RESULTS
Since the inception of the DRS program in January 2018, 200 patients with endocrine diseases fulfilling the inclusion criteria were recruited until December 2022. A total of 669 pharmacist-DRS consultations (658 DRS clinic attendances and 11 telephone interviews during the COVID-19 pandemic) were recorded. Follow-up durations by doctors became longer, from 28 weeks to 62 weeks on average. The total number of pharmacist consultations with drug-related problems identified was 119 (17.7%). The number of episodes when a doctor was consulted by a pharmacist during pharmacist consultations was 18 (2.7%). The DRS led to enhanced drug compliance, reduced frequency of doctor visits, and lengthened follow-up duration by doctors.

CONCLUSION
With the help of pharmacists, the DRS has successfully improved the quality of patient care and lengthened the doctors' visit follow-up duration of stable patients with diabetes, thereby releasing the capacity for doctors to see more new/complex patients with endocrine diseases every week in the busy outpatient diabetic clinic in the public sector.

KEYWORDS
diabetes, pharmacist, team-based, drug-refill, endocrinologist

PP-M-02

ELEVATED LP(A) IS A RISK FACTOR FOR PREMATURE ISCHAEMIC HEART DISEASE IN A MULTI-ETHNIC COHORT

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INTRODUCTION
Elevated plasma lipoprotein(a) [Lp(a)] is a common inherited condition independently associated with ischaemic heart disease (IHD). A Mendelian randomisation study recently suggested that elevated plasma Lp(a) concentrations confer a similar causal risk as heterozygous familial hypercholesterolemia for premature IHD.

METHODOLOGY
This study was a cross-sectional analysis aimed to assess whether elevated Lp(a) concentrations were associated with premature IHD in a South-East Asian cohort. Plasma Lp(a) levels were measured in consecutively recruited patients with IHD who were admitted to the hospital. Information on the age of diagnosis of IHD and the presence of comorbidities at the time of initial diagnosis of IHD were obtained from history taking and electronic medical records. Premature IHD was defined as IHD diagnosed <45 years of age for males and <50 years for females. The relationship was examined by regression model adjusting for age, gender, ethnicity, diabetes, hypertension, hyperlipidaemia and smoking.

RESULTS
Of the total of 521 patients included, 82.2% were male, 46.5% were newly diagnosed with IHD, and 9.5% had premature IHD. The median age was 63.4 years while the median age of onset of IHD was 59.2 years. Our multi-ethnic cohort included Chinese (49.3%), Malay (31.3%), Indian (12.7%) and other (6.7%) ethnicities. The Lp(a) distribution was positively skewed to the right for all ethnicities. At the 90th and 95th percentiles, Lp(a) concentrations were ~155 nmol/L and 195 nmol/L, respectively. Univariable and multivariable regression analysis identified Lp(a) ≥155 nmol/L to be associated with premature IHD.