

Pharmaceutical Care Improved Outcomes in Epileptic Patients

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ABSTRACT

The purposes of this study were to determine drug-related problems, clinical outcomes and humanistic outcomes after the provision of pharmaceutical care to epileptic patients taking phenytoin. Pharmaceutical care was provided to each patient throughout 6 months. The seizure frequency, DRPs and QOLIE-31 scores for each patient were recorded and compared during 6 months before and after the provision of pharmaceutical care. The study population consisted of 52 ambulatory epileptic patients. There were 24 men (46.15%). The mean age was 34 years (SD. 11.23). There were statistically significant differences ($p < 0.01$) between groups' seizure frequency, DRPs and overall QOLIE-31 scores in the periods before and after provision of pharmaceutical care. Before pharmaceutical care, the most frequent groups for seizure frequency were seizure-free (46.15%) and high frequencies (28.85%), while in the period after the provision of pharmaceutical care, the most frequent groups for seizure frequency were seizure-free (71.15%) and high frequencies (13.46%), respectively. That is the seizure frequency reduced after the provision of pharmaceutical care. We found a total of 111 DRPs in the period prior to provision of pharmaceutical care and 61 DRPs in the period after provision of pharmaceutical care. The most frequent DRPs were drug interaction, failure to receive the drug and adverse drug reaction. There were significant differences ($p < 0.05$) in seizure worry, emotional well-being and medication effect domain functions. Pharmaceutical care practice has the potential to increase epileptic patients' quality-of-life scores and decrease both the frequency of seizures and number of drug-related problems.

Key Words: Epilepsy, Pharmaceutical care, Seizure, Drug related problems, QOLIE-31, Quality of life