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**Randomized controlled study assessing health related quality of life in chronic kidney disease patients:  
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**Background & Objectives:** Anemia management in chronic kidney disease (CKD) patients remains a controversial field where in which treatment of patients through various medications is available. Complexities of patients with CKD such as non-adherence to therapy, lack of nephrologist, clinical guidelines as well as recommendations for treating anemia still remains uncertain. Our study anticipated to improve the outcome of quality of life through the need for clinical intervention by clinical pharmacists in pharmaceutical care. Pharmacists can play a role in management of anemia in CKD patients by developing guidelines for anemia therapy, effective patient counseling, promoting quality of life outcome and improving adherence to treatment regimen.

**Methodology:** This is a randomized, interventional, controlled study which examined 448 CKD patients who were not on dialysis, having Hb level of <13 g/dL and serum creatinine of 2.0-6.0 mg/dL. These patients were randomized into two groups: Control and study group of 1:1; of which 224 patients were under control group and 224 patients in study group. The study lasted for a period of 12 months. During which 22 patients presented with adverse events with no significance in incidence. All quality of life measurements were scored using a longitudinal repeated-measure design (SF 36 v2 Health survey and FACEIT-F questionnaire).

**Results:** Quality of life as well as vitality improved significantly in patient group with high Hb levels ( $P=0.03$ ). Over a 12-month period, a significant change was found in health-related quality of life in relation to physical, vitality, mental health/emotional well-being and overall mental health.

**Conclusion:** Our study concludes need of active participation by clinical pharmacists in the management of renal anemia in patients with CKD, which can drastically impact clinical outcome as well as improved patient's quality of life. Our results suggested higher Hb target level is more beneficial than a lower Hb target level and that 10.0-12.0 g/dL is more appropriate Hb target for CKD patients in improving patient QOL outcome.