PHARMACIST OPTIMIZATION OF LIPID THERAPY IN PATIENTS WITH PERIPHERAL VASCULAR DISEASE

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**Background/Purpose:** Guidelines recommend high-intensity statin and non-statin therapy to achieve an LDL goal of <70 mg/dL in patients with cardiovascular disease, including peripheral vascular disease (PVD). The purpose of this study is to determine whether pharmacist intervention for patients admitted with PVD could improve the percentage of patients discharged on a high-intensity statin.

**Objective:** The objective of this study is to increase the percentage of patients discharged from Moses Cone Hospital on a high-intensity statin.

**Methods:** This was asingle-center**,** prospective study with a historical cohort that included patients with PVD who underwent peripheral bypass. Prospective patients (6/16/2021 to 12/31/2021) managed with a pharmacy-driven lipid protocol were compared to historical patients (6/1/2020 to 12/31/2020) with no pharmacy consult. The lipid consult prompted the pharmacist to review the patient’s most recent lipid panel and recommend statin dose adjustments or additional agents. The primary outcome was the difference in the percentage of patients discharged on a high-intensity statin. Secondary objectives included an increase in statin dose, the addition of ezetimibe, and referral to an outpatient lipid clinic.

**Results:** A total of 175 patients met inclusion criteria for analysis with 94 patients in the retrospective cohort and 81 patients in the prospective cohort. There was a statistically significant increase in the number of patients discharged on a high-intensity statin in the prospective cohort compared to the retrospective cohort (p<0.001, 95% CI 1.37-2.46). Additionally, there was a statistically significant increase in the number of patients in which their statin was intensified, however, this percentage may be falsely low as it does not include the number of patients already on a high-intensity statin (p=0.02, 95% CI 1.08-2.91).

**Conclusion:** The addition of a pharmacist protocol improved the percentage of patients discharged on a high-intensity statin. The results of this research further add to the evidence that pharmacists can have a direct impact on optimizing medication management.