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Assessment of prescribing statins in patients with metabolic syndrome without established coronary heart disease in khartoum

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Mational Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III), and the presence of any three features confirms the diagnosis. These include Central obesity, dyslipidemia, and impaired fasting Glucose. As metabolic syndrome is driving the global epidemics of type 2 diabetes and cerebrovascular disease (CVD), there is an overwhelming medical and economic effort to identify those individuals with metabolic syndrome early to make interventions to prevent the development of diabetes and/or cardiovascular disease. Statins are lipid-lowering drugs that considered as cornerstones of treatment in patients with MetS to reduce the risk for development of CVD. Objectives: To assess the appropriateness of prescribing statin therapy in MetS patients in accordance with the NCEP-ATP III guidelines and the National Institute for Health and Care Excellence (NICE).

Methodology: The study was a cross-sectional descriptive study conducted at hospitals in Khartoum State, Sudan in the period from January 2015 to March 2015. Eighty registrars were interviewed.

Results: 75% of registrars knew the diagnostic criteria for metabolic syndrome with only 3% of them performed CVD risk assessment. And laboratory investigations before and after treatment; Lipid profile was performed by 82% of registrars under study, followed by Creatine kinase (CK) level test (67%), liver function test (LFT, 56%), and follow up LFT was performed by only 45% of the registrars investigated. The main drug prescribed by registrars was atorvastatin (97%). 59% of the registrars investigated had poor knowledge about statins drug interactions and only 5% of them managed those interactions when they have happened. On the other hand, adverse effects were found to be managed by only 4% of registrars understudy.

Conclusion: Despite being acquainted with the Guidelines few registrars followed them. Reinforcement to follow them is needed.

Notes: