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Workshop I

Clinical Pharmacy in Geriatrics_Võru_Estonia

Patient case I.

Woman, 73 years, BMI= 31

Family anamnesis

Mother: long-term decompensated DM type II, died from ischemic stroke in 62 years
Father: died after long-term hospitalization (sepsis) in 76 years, reason for hospitalization unknown

Personal anamnesis

Hypertension from 25 years, during the last decades increased antihypertensive therapy because of insufficient hypertension control. 20 years ago she started to use antidiabetic drugs for DM type II. Rheumatoid arthritis has been diagnosed 3 years ago. Decreased renal functions diagnosed last year and leg edemas occurred at the same time. She suffers from anemia already 4 years. Physician recommended her first nonpharmacological treatment and after 2 years she started to use pharmacotherapy.

Recent problems

Pain in both knees, leg edemas

Psychosocial anamnesis

She worked as a secretary in the past, but now she is retired. Her son helps her with home duties.

Pharmacotherapy

Tanatril 10mg	1-0-1
Furon 20mg	½-0-0
Concor 5mg	1-0-1

Lusopress 20mg	0-0-½
Ebrantil 60mg	1-1-1
Kamiren XL	1-0-0
Anopyrin 100mg	1-0-0
Atorvastatin 10mg	0-0-1
Diaprel MR 60mg	1-0-1
Metformin 850mg	1-1-1
Milurit 300mg	½-0-0
Nalgesin S 275mg	1-0-0
Medrol 4mg	2-0-0
Tardyferon 80mg	1-0-1
Acidum folicum tbl.10mg	1-0-1
Ketosteril tbl flm 300	2-2-2
Kaldyum (KCL) 600mg	1-0-0

Recent clinical and lab tests

BP: 140/72, fasting glucose: 6,4 mmol/l, postprandial glycemia: 9,5 mmol/l, total cholesterol: 3 mmol/l, uric acid: 348,42 µmol/l, Hb= 87 g/l, Clkr= 36 ml/min

Other information

The patient reports that furosemide is not effective enough to resolve edemas and anemia still persists.