Implementation of a Pharmacist-Run Post-Transplant Diabetes Clinic
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Background: Post-transplant diabetes mellitus (PTDM) can lead to significant morbidity and cardiovascular death with a functioning graft. A paucity of literature exists regarding glycemic control in solid organ transplant (SOT) recipients, including pharmacist management of PTDM.

Objective: To assess the impact of pharmacist interventions on diabetes mellitus management in a pharmacist-run PTDM clinic.

Methods: A single-center, prospective, observational study is being conducted of SOT recipients aged 18 years or older who are enrolled in a pilot pharmacist-managed PTDM clinic from 01/2015 – 06/2015. The primary outcome is to assess change in hemoglobin (Hgb) A1C and average daily self-monitored blood glucose (SMBG) readings from enrollment to 3 months follow-up.

Results: Thirty-four patients have been enrolled during the first two months of the pilot. The group includes 16/34 (47%) post-kidney, 10/34 (29%) post-liver, and 8/34 (24%) post-lung transplant recipients. The mean age is 56 (range 32-74) years and 62% are male; 53% are Hispanic and 38% are White. The baseline mean Hgb A1C was 9.2% (range 5.0-14.6%), and the mean daily SMBG was 207 (range 113-468) mg/dL. Pharmacist interventions thus far have included provision of diabetes self-management education for each patient. Medication-specific interventions have included 43 initiations, 53 dosage adjustments, and 11 discontinuations. For 22 patients with a mean 21 days follow-up, the mean average daily SMBG readings have decreased by 48 mg/dL.

Conclusion: Interim results suggest that a pharmacist-managed post-transplant diabetes clinic can positively impact glycemic control in SOT recipients.

Disclosures: None