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Consulting clinical pharmacologist about treatment of inpatients in a tertiary hospital in Serbia

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Dear Editor,

Clinical pharmacology specialists give many services in various healthcare systems all over the world, but the most complex and responsible one is advising other specialties about treatment of difficult, and often critical, patients in tertiary care hospitals [1–3]. Usually, other clinical specialties call a clinical pharmacologist for a help only when they cannot see any further option to treat a patient who is either deteriorating or not improving as expected [3]. Since clinical pharmacology services are still developing in many regions, it is of interest to present experiences with effects of consulting clinical pharmacologist on treatment outcomes from places where such services have considerable history.

Clinical pharmacology department in a tertiary care Clinical Center, Kragujevac, Serbia, was founded back in 1995 and have five fully employed specialists of clinical pharmacology³, who on average give about 4000 consultations to other specialists annually. The department is funded by the National Health Insurance Fund, in the same manner as other specialty services,

and it is integrated in postgraduate training of future clinical pharmacologists. During the 15-month period from January 2015 to March 2016, the clinical pharmacologists (CPs) were consulted 5137 times for 4692 patients (39 % females and 71 % males), whose average age was 61.67 ± 17.26 years. For 4176 patients, the CPs were consulted only once and for 516 patients, twice or more times. Daily workload per clinical pharmacologist on duty was between five and ten patients, and on average, 30 min was spent per consultation. Primary diagnoses of the patients are shown in the Table 1.

After clinical examination of the patients for whom they were consulted and getting introduced with a patient's history and files, the CPs made certain interventions, which are shown in Table 2.

The acceptance rate of the interventions by other clinical specialists who asked for consultation was 90.3 %. The outcome of the interventions suggested by the CPs and accepted by clinical specialists was improved in the patient's status in 70.6 %, continuation of the same status in 0.9 %, and deterioration in 28.5 %. The vast majority of consultations was about the choice and/or dosing of antimicrobial drugs, and the most frequent infection sites in the patients were blood (55.4 %), respiratory tract (10.8 %), and skin and soft tissues (10.1 %).

A few recent publications presented their experiences with consultations of clinical pharmacologists asked for by the other clinical specialists. In 1-year study from Udine, Italy, the focus was on consultations based on therapeutic monitoring of linezolid [4], and the CPs

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