Service Priorities and Programmes
Electronic Presentations

Convention ID: 329
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Glibenclamide prescription audit in West Kowloon General Out-patient Clinic
2014
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Keywords:
Glibenclamide
Daonil
Safety
Primary care
GOPC
Hypoglycemia

Introduction
Sulphonylurea was a traditional class of oral hypoglycemic agent (OHA) but it had a risk of severe prolonged hypoglycemia in older adults. In Feb 2014, KWC FM&PHC recommended not to start daonil in new patients and converting to other sulphonylureas in patients with chronic kidney disease (CKD with eGFR < 60ml/min), and in elderly (age ≥ 65) as to avoid the use of long acting sulphonylurea associated risk of hypoglycaemia in line with recommendation of COC FM. This study aims at reviewing the use of daonil in WKGOPC, a large centre with DM patients of KWC FM&PHC in the year 2014.

Objectives
To audit the use of daonil in WKGOPC in 2014. If the patients who are still on daonil after the 6-month period since the start of the conversion exercise in Feb 2014, clinical reminders were entered in CMS to remind colleagues for the conversion as to avoid the potential hypoglycemic risk if patient was still on the long acting sulphonylurea.

Methodology
All adult patients on daonil with chronic follow-up at WKGOPD in 2014 were recruited for data analysis. Patients who are not our chronic cases e.g. DM care at SOPC etc. were excluded. Patients with newly diagnosed DM, elderly (age ≥ 65) or CKD (eGFR < 60ml/min) were looked for their duration taken in months of converting the daonil to other agents since implementation of the KWC FM&PHC action in Feb 2014.

Result
1. Daonil was not started in newly diagnosed DM: 100% achieved. 2. Converting daonil to other agents in elderly (age ≥ 65) within 6 months: 59% changed (range: 1-6 months average 3.2 months) 3. Converting daonil to other agents in CKD patients within 6 months: 71% (range: 2-4 months average 3.2 months) Reminders were entered into the CMS of the patients who were still on daonil to remind colleagues to have the change at the follow-up. 85% patients in total completed the conversion within 1 year. Before the change there were 5 patients had history of hypoglycemia requiring admission & after the change the risk was zero. The study is ongoing for further analysis of the long term effect of the conversion in terms of patient safety.