Arh. farm 2025; 75: S64–S65 **PP 15**
https://doi.org/10.5937/arhfarm-61791

UPOTREBA KARDIOVASKULARNIH LEKOVA KOD DOJILJA: PERSPEKTIVA FARMACEUTA

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Dojenje pruža optimalnu ishranu i poboljšava imunski sistem odojčeta, a uz to ima i dugoročne zdravstvene koristi, kako za odojče, tako i za majku [1]. Većina kardiovaskularnih lekova se može bezbedno koristiti kod dojilja, ali majke te informacije, često ne dobiju [2]. To može dovesti do nepotrebnog prekida dojenja, uprkos odsustvu stvarnog rizika za odojče, ili do toga da majke prekinu terapiju koja im je neophodna [2,3].

Cilj studije je procena upotrebe i bezbednosti kardiovaskularnih lekova kod dojilja i dostupnost savetovanja o bezbednosti upotrebe lekova tokom dojenja.

Podaci su prikupljeni prospektivno u sklopu *Mama Friendly* projekta. Bezbednost lekova u toku dojenja procenjena je primenom *e-lactancia* baze.

Od 1243 pacijentkinje uključene u studiju, 48 (3,86%) je primenjivalo barem jedan kardiovaskularni lek. Ukupno je identifikovano 19 različitih INN, od kojih su 42 (71.19%) bile primene lekova *per os* sa sistemskim dejstvom i 14 (28.81%) rektalnih administracija sa lokalnim dejstvom. Većina lekova za sistemsku primenu (92.86%) bila je bezbedna i kompatibilna sa dojenjem. Verovatno kompatibilni bili su cinhokain (11 primena) i polidekanol (1 primena) za rektalnu primenu, i bisoprolol, indapamid i serapeptaza za sistemsku primenu (po 1 administracija). Od 25 pacijentkinja (52,83%) koje nisu dobile nikakve savete u vezi sa upotrebom lekova tokom dojenja, čak 14 je izjavilo da izbegava uzimanje lekova.

Neophodno je obezbediti da dojilje dobiju adekvatne informacije o bezbednoj upotrebi lekova u periodu dojenja, a upravo farmaceut predstavlja jednog od ključnih zdravstvenih profesionalaca koji treba da pruži uslugu savetovanja.

Literatura

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https://doi.org/10.5937/arhfarm-61791

USE OF CARDIOVASCULAR DRUGS IN BREASTFEEDING WOMEN: A PHARMACIST'S PERSPECTIVE

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Breastfeeding provides optimal nutrition, immune protection, and long-term health benefits for both infants and mothers [1]. Evidence shows that the majority of cardiovascular drug classes can be used safely in lactating women, yet information about drug safety is often not communicated to the patients [2]. This can lead to unnecessary early cessation of breastfeeding, as well as mothers discontinuing essential cardiovascular therapy [2,3].

The aim of this study was to assess the use and safety of cardiovascular drugs among breastfeeding women and evaluate whether they received advice on medication safety during breastfeeding.

Data were prospectively collected within the *Mama Friendly Pharmacy* project. Safety of drug use was evaluated using the e-lactancia database.

From 1243 patients included in the study, 48 (3.86%) were taking at least one cardiovascular drug. A total of 19 different INNs were recorded, with 42 (71.19%) oral administrations and 14 (28.81%) local (rectal) administrations. Among oral drug administrations, 92.86% were safe and compatible with breastfeeding. Likely compatibility was recorded for cinchocaine (11 administrations) and polydecanol (1 administration) both intended for rectal use, and bisoprolol (1), indamapide (1), and serrapeptase (1), all aimed for oral use. Of the 25 patients (52.83%) who did not receive any advice regarding the use of drug while breastfeeding, 14 reported that they even avoided taking their medication.

Ensuring that breastfeeding women receive evidence–based guidance on drug use is essential, and pharmacists represent a key person for delivering this counselling.

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