BF-P3 PREDIKTORI NEŽELJENIH EFEKATA PSIHOFARMAKOTERAPIJE KOD HOSPITALIZOVANIH ADOLESCENATA: FARMAKOEPIDEMIOLOŠKA STUDIJA

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Neželjeni efekti psihofarmakoterapije kod adolescenata predstavljaju značajan klinički problem zbog razvojnih specifičnosti, metaboličke vulnerabilnosti i česte primene kombinovane terapije. Cilj rada bio je da se identifikuju faktori rizika za razvoj neželjenih efekata psihofarmakoterapije kod hospitalizovanih adolescenata. Sprovedena je retrospektivna farmakoepidemiološka studija tipa slučaj–kontrola na Odeljenju za adolescente Klinike za psihijatrijske bolesti „Dr Laza Lazarević" u Beogradu. Istraživanjem je obuhvaćeno 175 adolescenata uzrasta 12–18 godina lečenih psihofarmacima. Analizirani su demografski, klinički, farmakoterapijski, biohemijski i fiziološki parametri. Za identifikaciju nezavisnih prediktora primenjene su multivarijantna linearna i logistička regresiona analiza. Prosečan broj primenjenih lekova iznosio je 2,53, a prosečna dužina hospitalizacije 17,47 dana. Neurološki rizik bio je prisutan kod 93,3% pacijenata, metabolički kod 79,8%, hematološki kod 57,3%, a kardiovaskularni kod 25,8%, pri čemu je 87,6% adolescenata imalo najmanje dva istovremena sistemska rizika. Olanzapin (β=0,48; p=0,009), veći broj lekova (β=0,21; p=0,016) i viši indeks telesne mase, BMI (β=0,31; p<0,001) bili su nezavisni prediktori povišene glukoze. Metabolički poremećaji bili su značajno povezani sa primenom olanzapina (odnos rizika, OR=3,2), politerapijom (OR=2,6) i BMI>25 (OR=4,8). Valproat je bio povezan sa porastom ALT i AST, dok je risperidon predstavljao najznačajniji prediktor hiperprolaktinemije (β=210 mIU/L; p<0,001), uz dodatni uticaj ženskog pola. Neželjeni efekti psihofarmakoterapije kod adolescenata rezultat su međusobnog delovanja farmakoloških, metaboličkih i individualnih faktora rizika. Racionalizacija politerapije, redovan laboratorijski monitoring i individualizacija terapije mogu doprineti smanjenju učestalosti neželjenih efekata i unapređenju bezbednosti lečenja.

BF-P3 PREDICTORS OF ADVERSE EFFECTS OF PSYCHOPHARMACOTHERAPY IN HOSPITALIZED ADOLESCENTS: A PHARMACOEPIDEMIOLOGICAL STUDY

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Adverse effects of psychopharmacotherapy in adolescents are a major clinical concern due to developmental vulnerability, metabolic susceptibility, and frequent combination therapy. This study aimed to identify predictors of adverse effects associated with psychopharmacotherapy in hospitalized adolescents. A retrospective case–control pharmacoepidemiological study was conducted at the Adolescent Department of the Clinic for Mental Disorders "Dr Laza Lazarević", Belgrade, Serbia. The study included 175 adolescents aged 12–18 years treated with psychotropic medications during hospitalization. Demographic, clinical, pharmacotherapeutic, biochemical, and physiological variables were analyzed. Independent predictors were identified using multivariate linear and logistic regression analyses. The mean number of prescribed psychotropic drugs was 2.53, and the mean hospital stay was 17.47 days. Neurological risk was identified in 93.3% of patients, metabolic risk in 79.8%, hematological risk in 57.3%, and cardiovascular risk in 25.8%; 87.6% had at least two concomitant systemic risks. Olanzapine (β=0.48, p=0.009), polypharmacy (β=0.21, p=0.016), and higher body mass index, BMI (β=0.31, p<0.001) independently predicted elevated blood glucose. Metabolic disorders were associated with olanzapine (odds ratio, OR=3.2), polypharmacy (OR=2.6), and BMI >25 (OR=4.8). Valproate was associated with elevated ALT and AST levels, whereas risperidone was the strongest predictor of hyperprolactinemia (β=210 mIU/L, p<0.001), with female sex as an additional risk factor. Adverse effects of psychopharmacotherapy in adolescents result from the interaction of pharmacological, metabolic, and individual factors. Rationalizing polypharmacy, routine laboratory monitoring, and individualized treatment may reduce adverse drug reactions and improve the safety of psychopharmacotherapy in adolescents.

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