

ANALYSIS OF DRUG INTERACTIONS AND THEIR IMPLICATIONS FOR LABORATORY TEST RESULTS

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Abstract: Drug interactions represent a significant challenge in clinical practice, as they can influence therapeutic efficacy and patient safety. In addition, these interactions can lead to changes in the results of laboratory tests, compromising the correct interpretation of these tests and the making of appropriate clinical decisions. The consequences of drug interactions on laboratory tests vary widely, as some drugs can cause increases or decreases in test results, while others can interfere with the analytical methods used. This work highlighted the importance of laboratory tests in the health area, as well as incorrect or misleading information reported by patients that lead to wrong diagnoses.

Keywords: Drug interference, laboratory tests and biomarkers.

INTRODUCTION

In the health area, laboratory tests play a key role in obtaining an accurate diagnosis. The relevance of these exams stems from the wide range of information provided through laboratory analysis. However, it is important to note that this information may occasionally be inaccurate, which can be caused by a variety of factors (1).

Souza et al. (2) state that the consequences of drug interactions in laboratory tests vary widely. Some medications can cause increases or decreases in test results, while others can interfere with the analytical methods used. Thus, according to the same authors, these alterations can lead to erroneous diagnoses, inadequate adjustments of drug doses and unnecessary clinical complications.

These drug changes manifest themselves in different ways, and can be *in vivo*, *in vitro* or both, which can generate different alterations in laboratory tests (3,4). The *in vitro* effects demonstrate alterations in the analytical part directly linked to laboratory tests, such as a false increase in the values of fructosamine

in the serum of patients who use captopril; as well as the drug enalapril, it can alter tests as *in vivo* in serum uric acid dosages (5).

According to Oliveira et al. (6), health professionals aim to minimize these effects as much as possible. These professionals must show a high level of vigilance in relation to drug interference, since these can be responsible for several clinical complications.

This way, healthcare professionals use Standard Operating Procedures (SOP's) and regulations as mechanisms to establish standards and ensure greater control over the patient's medical condition. The administration of drugs can have significant effects on the results of laboratory tests. It is common for certain medications to promote changes in function or in the levels of substances present in the blood, resulting in abnormal laboratory findings (7). Clinical laboratory technicians, therefore, will be able to take into consideration, possible drug interference in test results, promoting the achievement of more accurate and relevant diagnostic results to support medical decisions.

In this context, it is essential that health professionals have full knowledge about the drugs administered to patients and incorporate this information into laboratory analysis requirements. And, considering the relevance of laboratory tests in the diagnosis and the resulting impact of the complications that occur in these procedures, the present study was conducted with the purpose of helping laboratory and health professionals in understanding the changes in laboratory tests caused by the use of drugs.

PRE-ANALYTICAL, ANALYTICAL AND POST-ANALYTICAL EXAMS

Laboratory tests, as previously discussed, play a key role in clinical practice, providing essential information for the diagnosis, monitoring, and treatment of a variety of

medical conditions. However, to guarantee the reliability and precision of the results, according to Souza et al. (2), it is necessary to consider the pre-analytical, analytical and post-analytical processes, which comprise crucial stages of the laboratory workflow.

The pre-analytical phase encompasses all steps from ordering the test to preparing the sample for laboratory analysis. It comprises the correct identification of the patient, the adequate collection of biological material, the appropriate handling, transport and storage. Errors at this stage can lead to inaccurate results and misinterpretations. Some critical factors include the influence of medications, fasting conditions, dietary interference and interference from other clinical procedures (7). Thus, it is the phase with the highest occurrence of interferences, as they depend on the response of patients who may hide information. Specific guidelines and protocols, such as Standard Operating Procedures (SOP's), are essential to minimize these errors and ensure the quality of the collected samples.

The analytical phase comprises the activities performed in the laboratory for sample analysis; which included sample preparation, application of analytical methods and techniques, equipment calibration, result validation and quality assurance. At this stage, it is essential that laboratory professionals are properly trained, follow good laboratory practices and use properly calibrated and controlled equipment. Method validation and participation in external quality control programs are essential to ensure the reliability and accuracy of analytical results. The analytical phase can also be affected by previous actions performed by the patients, such as the use of medication, which can affect physiological aspects of the body and, consequently, change the biochemical reactions of the sample (2).

The post-analytical phase refers to the interpretation, release and communication of laboratory test results. Thus, it involves reviewing the results, correlating them with clinical data, preparing reports and communicating with the health professionals responsible for patient care (6). According to the same authors, at this stage, errors may occur due to lack of understanding of the results, failures in communication or delays in the delivery of reports.

For this purpose, it is essential that clinical laboratory professionals have adequate clinical knowledge to interpret the results and provide relevant data to support medical decisions. The adoption of efficient information management systems and clear communication between health professionals are crucial to avoid failures in this step.

DRUGS AND INTERFERENCE IN LABORATORY EXAMINATIONS

Drug interference in laboratory tests can lead to inaccurate or falsely elevated or decreased results, compromising the correct clinical interpretation and decision-making adopted (8).

Several categories of drugs, according to Silva et al. (9), have the potential to interfere with the results of laboratory tests, such as drugs that impact liver function assessment tests, such as hepatotoxic drugs, capable of promoting the performance of liver enzymes, such as alanine aminotransferase (ALT) and aspartate aminotransferase (AST), generating false positive results for liver damage.

Certain drugs can also influence renal function tests by altering serum creatinine levels, such as angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB), which can cause an apparent reduction in levels of creatinine and, consequently, mask the renal dysfunction.

Coagulation tests can also be altered by

Anticoagulants, such as warfarin, can interfere with coagulation tests, resulting in prolonged values of prothrombin time (PT) and activated partial thromboplastin time (aPTT). As well as hormone analysis, as certain substances, such as corticosteroids, can suppress endogenous hormone production, resulting in decreased levels of cortisol, for example.

The detection of these interferences is of paramount importance for health professionals, who must be aware of these adverse effects for the correct interpretation of test results.

ANALGESICS

Analgesics are drugs commonly used for pain relief and fever control. The leaflets for Acetylsalicylic Acid (10) and Dipyron (11) are important sources of information about this class of drugs (8,12). Table 1 presents updated and accurate information on the interference of these drugs in laboratory tests.

ANTICONSULSANT

Medications belonging to the class of antiepileptics are used to treat different types of seizures, including epilepsies, as well as some neurological diseases (13). Table 2 provides updated and accurate data about the interference of these drugs in laboratory tests.

SUPPLEMENTS

Vitamin supplements are drugs formulated with vitamins, used to supply nutritional deficiencies or supplement the diet. Iron supplements are indicated to treat iron deficiency in the body. It is essential to emphasize that the excessive use of these supplements can lead to iron intoxication, a serious and potentially fatal condition, especially in children (14). Table 3 presents information on supplements in laboratory tests”.

ANTBIOTICS

Health professionals play a significant role in providing guidance to patients about the importance of adhering to the instructions for using antibiotics, respecting the recommended doses and times, in order to ensure the effectiveness of the treatment (9,13). Yeah, they are medicines used to fight bacterial infections; however, it is crucial to avoid the indiscriminate use of these drugs, which can lead to the development of bacterial resistance.

Oliveira et al. (6) states that the unnecessary use of these drugs can increase bacterial resistance, cause unwanted side effects and interfere with the results of diagnostic tests.

Therefore, it is essential that these drugs are prescribed only when necessary, taking into consideration, the type of infection and the sensitivity of the causative bacteria. Table 4 summarizes up-to-date information about antibiotics and their effects on treatments, as well as affected exams.

BETA-BLOCKERS

Beta-blockers are drugs that are widely used to treat a variety of conditions, including high blood pressure, heart disease, and migraines. These drugs work by blocking beta-adrenergic receptors, which results in a reduction in heart rate and blood pressure, providing significant benefits to patients (PRODOCTOR, 2023).

Patient awareness of the possible effects of beta-blockers on laboratory tests is essential. Following medical guidelines and fully and accurately informing the use of these drugs is crucial to obtain accurate laboratory results, thus ensuring the safety and efficacy of the treatment (9). The table below (Table 5) presents drug information about beta-blockers.

ANTI-HYPERTENSIVE AGENTS

Antihypertensives are the main form of

| Medicine | Therapeutic function | Adverse effects | Exam altering mechanism of action | Affected exams |
|----------------------|--|---|--|--|
| Acetylsalicylic acid | Analgesic, anti-inflammatory, antiplatelet | Gastrointestinal bleeding, ulcer, dizziness, tinnitus, kidney failure | Inhibits COX, decreasing production | Bleeding time, coagulation, kidney function, blood glucose |
| Dipyron | Analgesic, antipyretic | Agranulocytosis, Hemolytic anemia, Allergic reactions | It may interfere with glucose dosage, indicating false results of hyperglycemia. | Glucose dosage |
| Ibuprofen | Analgesic and anti-inflammatory | Gastritis, ulcer, gastrointestinal bleeding, fluid retention | May interfere with blood clotting tests | blood clotting tests |
| Morphine | Opioid analgesic | Nausea, vomiting, constipation, sedation | May increase amylase and lipase levels | Amylase, lipase |
| Oxycodone | Opioid analgesic | Nausea, vomiting, constipation, sedation | May increase amylase and lipase levels | Amylase, lipase |
| Paracetamol | Analgesic, antipyretic | Allergic reaction, jaundice, liver failure | May interfere with blood glucose measurement | blood glucose |

Table 1: Analgesics

| Medicine | Therapeutic function | Adverse effects | Exam altering mechanism of action | Affected exams |
|------------------|--------------------------------------|--|--|---|
| Valproic acid | Anticonvulsant, mood stabilizer | Nausea, vomiting, drowsiness, dizziness, weight gain | Increases gamma-aminobutyric acid | Ammonia, liver enzymes, bilirubin |
| Carbamazepine | Anticonvulsant, mood stabilizer | Dizziness, drowsiness, nausea, double vision | May cause false positive on pregnancy test | Pregnancy test |
| Diazepam | Anticonvulsant, anxiolytic, sedative | Drowsiness, Mental confusion, Ataxia, Respiratory depression | It can cause false negatives in toxicological tests due to its effect of masking the use of other drugs. | Toxicological tests |
| Phenytoin | Anticonvulsant | Nystagmus, ataxia, vertigo, gingival hyperplasia | Cytochrome P450 Enzyme Induction | Serum levels of thyroid hormones, theophylline, digoxin, among others |
| Sodium valproate | Anticonvulsant | Drowsiness, dizziness, nausea | May increase ammonia levels | Ammonia level |

Table 2: Anticonvulsant

| Medicine | Therapeutic function | Adverse effects | Exam altering mechanism of action | affected exams |
|------------------|----------------------|--|--|---|
| Ascorbic acid | vitamin supplement | Nausea, diarrhea, abdominal pain, insomnia, headache | Increased absorption of iron in the intestine and interference with blood glucose measurement by the enzymatic method. | Ammonia, liver enzymes, bilirubin |
| Iron chelate | Iron Supplement | Nausea, diarrhea, constipation, abdominal pain | Interference with the absorption of other minerals | Serum levels of iron, calcium, zinc and magnesium |
| Ferrous sulphate | Iron Supplement | Constipation, nausea, abdominal pain | May interfere with the dosage of zinc, calcium and phosphorus | Zinc, calcium and phosphorus |

Table 3: Supplements.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|---|--|---|---|--|
| Amoxicillin | Antibiotic | Diarrhea, nausea, vomiting, skin rash, anaphylaxis | Inhibits cell wall synthesis | Complete blood count, liver function, creatinine |
| Benzylpenicillin | Antibiotic | Allergic reactions, diarrhea, nausea, vomiting, pseudomembranous colitis | Inhibits cell wall synthesis | Complete blood count, liver function, creatinine |
| Cephaclo, cephalexin, Cefadroxil, Ceftriaxone | Antibiotic of the cephalosporin family | Diarrhea, nausea, abdominal pain | May interfere with results of urine glucose tests using Benedict's or Fehling's reagent | Urine glucose test |
| Ciprofloxacin | Antibiotic of the fluoroquinolone family | Nausea, diarrhea, abdominal pain | May interfere with results of urine glucose tests using Benedict's or Fehling's reagent | Urine glucose test |
| Doxycycline | Antibiotic | Nausea, Vomiting, Diarrhea, Photosensitivity | It may interfere with the measurement of serum creatinine, indicating a false decrease in values. | Creatinine dosage |
| Erythromycin | Antibiotic | Abdominal pain, diarrhea, nausea, vomiting, hepatotoxicity, QT prolongation | Cytochrome P450 enzyme inhibition | Liver function test, creatinine, bilirubin |
| Levofloxacin | Antibiotic | Nausea, diarrhea, headache, dizziness | May interfere with blood glucose tests | Blood glucose tests |
| Nitrofurantoin | Antibiotic | Nausea, vomiting, diarrhea, abdominal pain | May interfere with the measurement of blood glucose and protein in the urine | Blood glucose, protein in urine |
| Sulfamethoxazole | Antibiotic | Nausea, vomiting, diarrhea | May interfere with total and direct bilirubin measurement | Total and direct bilirubin |
| Rifampicin | Antibiotic | Nausea, vomiting, abdominal pain | May interfere with total and direct bilirubin measurement | Total and direct bilirubin |
| Tetracycline, Trimethoprim | Antibiotic | Nausea, vomiting, diarrhea | May interfere with total and direct bilirubin measurement | Total and direct bilirubin |

Table 4: Antibiotics.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|-------------|----------------------|---|-----------------------------------|---|
| Atenolol | Beta blocker | Bradycardia, hypotension, fatigue, insomnia, depression | Blocks beta-adrenergic receptors | Blood pressure, heart rate, blood glucose |
| Bisoprolol | Beta blocker | Bradycardia, hypotension, fatigue, insomnia, depression | Blocks beta-adrenergic receptors | Blood pressure, heart rate, blood glucose |
| Propranolol | Beta blocker | Fatigue, bradycardia, hypotension | May lower blood glucose levels | blood glucose |

Table 5: beta blockers

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|---------------------------|---|---|---|---|
| Atenolol + Chlorthalidone | Anti-hypertensive | Hypotension, bradycardia, fatigue, impotence, hyperglycemia | Blocks beta-adrenergic receptors | Blood pressure, heart rate, blood glucose |
| Captopril | Antihypertensive, angiotensin-converting enzyme inhibitor | Cough, hypotension, hyperkalemia, angioedema | Decreased concentration of renin and aldosterone in plasma | Serum potassium, serum sodium |
| Diltiazem | Antihypertensive, antiarrhythmic | Hypotension, Headache, Dizziness, Peripheral edema | It may interfere with the measurement of serum creatinine, indicating a false decrease in values. | Creatinine dosage |
| Labetalol | Anti-hypertensive | Bradycardia, hypotension, dizziness, fatigue | It may interfere with catecholamine and cortisol tests | Catecholamine and cortisol tests |
| Losartan | Anti-hypertensive | Dizziness, hypotension, hyperkalemia, renal failure | It may interfere with plasma renin tests | Plasma renin tests |
| Methyldopa | Anti-hypertensive | Drowsiness, dizziness, dry mouth, depression | It may interfere with catecholamine tests, may increase AST and ALT levels | Catecholamine, AST, ALT tests |

Table 6: Antihypertensives

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|------------|----------------------|---|-----------------------------------|---|
| Bupropion | Antidepressant | Insomnia, headache, anxiety, dry mouth, nausea | Inhibits noradrenaline reuptake | Blood glucose, electrolytes, liver function |
| Fluoxetine | Antidepressant | Nausea, insomnia, restlessness, loss of appetite, tremors | Inhibits serotonin reuptake | Blood glucose, electrolytes, liver function |
| Sertraline | Antidepressant | Diarrhoea, nausea, insomnia, drowsiness, dizziness | Inhibits serotonin reuptake | Blood glucose, electrolytes, liver function |

Table 7: Antidepressants

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|----------------|------------------------------|---|--|-----------------|
| Chlorpromazine | Antipsychotic, antihistamine | Drowsiness, sedation, dry mouth | May cause false positive on pregnancy test | Pregnancy test |
| Quetiapine | Antipsychotic | Drowsiness, dizziness, weight gain, dry mouth | May increase prolactin levels | Prolactin level |

Table 8: Antipsychotics

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|------------|----------------------|--|--|---|
| Efavirenz | Antiretroviral | Nausea, Insomnia, Drowsiness, Dizziness | May interfere with corticotropin dosage, indicating false decrease in values | Corticotropin dosage |
| Tenofovir | Antiretroviral | Nausea, diarrhea, fatigue, headache, kidney changes | Inhibits HIV reverse transcriptase | Kidney function, liver function, electrolytes |
| Atazanavir | Antiretroviral | Nausea, jaundice, skin rash, changes in lipid metabolism | Inhibits HIV protease | Liver function, lipid profile, blood glucose |

Table 9: Antiretrovirals

treatment for high blood pressure, and their main function is to reduce blood pressure, keeping it within healthy levels and preventing cardiovascular complications. (13). These drugs work in different ways, such as blocking angiotensin receptors, inhibiting angiotensin-converting enzyme, and decreasing peripheral vascular resistance. These actions promote blood vessel dilation and reduce the heart's workload, resulting in effective blood pressure control (9).

It is essential to emphasize that the correct use of antihypertensive drugs is crucial for the success of the treatment. Adherence to prescribed doses, regular administration and open communication with the physician are extremely important aspects. The lack of information about the use of these drugs and the omission of relevant details to the health professional can compromise the results of laboratory tests (15). Table 5 presents information on the use of antihypertensive drugs.

ANTIDEPRESSANTS

Antidepressants play an important role in treating mental disorders such as depression, anxiety and mood disorders. They act on the chemical balance of the brain, increasing the levels of neurotransmitters responsible for mood regulation (13).

To this end, it is essential that patients inform their physicians about their use of antidepressants and any other medication they are taking, including vitamins and supplements; as some antidepressants may interfere with the results of laboratory tests, such as those that measure glucose, lipid or liver enzyme levels (16). Table 7 presents information about antidepressants.

ANTIPSYCHOTICS

Antidepressants play an important role in the treatment of mental disorders such as

depression, anxiety and obsessive-compulsive disorder. These medications regulate levels of neurotransmitters in the brain, such as serotonin, norepinephrine, and dopamine, which play a crucial role in regulating mood and emotions. By balancing these neurotransmitters, antidepressants help alleviate depressive symptoms, reduce anxiety, and stabilize mood (13).

Some antidepressants have the potential to cause changes in the values of certain biochemical markers, such as liver enzymes, electrolytes and lipids. These changes can be misinterpreted if the physician is not aware of the use of these drugs, leading to incorrect diagnoses or ordering unnecessary additional tests (17). Table 8 is an up-to-date summary of antipsychotics and their drug actions.

ANTIRETROVIRALS

Antiretrovirals are essential in the treatment of HIV infection and in the prevention of progression to AIDS, among others. They have the function of suppressing virus replication, reducing its viral load and preserving the immune function of patients (13). It is important to emphasize that the inappropriate use or interruption without medical advice of antiretrovirals can compromise their effectiveness and lead to the development of viral resistance (18). These medications can affect laboratory test results and interfere with parameters such as CD4 cell count, viral load, and liver enzyme levels (8). Relevant information about antiretrovirals is presented in table 9.

INHIBITORS

Inhibitors are essential in several areas of medicine, such as cardiology, neurology and psychiatry; blocking or modulating specific enzymes, receptors or physiological processes (13). The therapeutic function of inhibitors varies according to their class and target of

action.

Angiotensin-converting enzyme (ACE) inhibitors are widely used in the treatment of arterial hypertension and heart failure, blocking the enzyme responsible for converting angiotensin I into angiotensin II, a potent vasoconstrictor (9). Some inhibitors may affect laboratory parameters such as liver enzyme levels, blood glucose and electrolytes. Table 10 presents relevant information about inhibitors and various drug interactions, such as adverse effects and affected exams.

DIURETICS

Diuretics are used to treat conditions such as high blood pressure, heart failure, and edema; The therapeutic function is to promote the elimination of fluids and salts from the body, which helps to control blood pressure and reduce the accumulation of fluids in tissues (13).

However, it is important to be aware of the possible effects of diuretics on laboratory test results. Thus, these drugs can affect the values of some parameters, such as electrolytes, kidney function and glucose levels. Diuretics also increase potassium excretion can lead to hypokalemia, while those that retain potassium can cause hyperkalemia (9). Table 11 summarizes information about these drugs.

REDUCERS

Reducers are drugs that control high levels of substances in the body, such as cholesterol or triglycerides (13). The use of these reducers may affect the results of certain laboratory parameters, such as levels of total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides. The use of these drugs can result in a reduction in total and LDL cholesterol levels, indicating the effectiveness of the treatment.

Test results can be misinterpreted, leading

to an incorrect assessment of lipid control and the possibility of inappropriate adjustments in therapy (9). In table 12 several functions and effects are presented on the reducers.

ANTIFUNGAL

Antifungals control fungal infections by fighting the proliferation of pathogenic fungi in the body. Its therapeutic function is to eliminate or inhibit the growth of fungi, allowing the patient to recover (13). Proper use of antifungals is essential for successful treatment and eradication of fungal infection. Table 13 summarizes up-to-date antifungal information.

ANTI-ALLERGIC

Antiallergic relieve the symptoms of allergic reactions, their therapeutic function is to block or reduce the effects of substances responsible for allergic reactions, such as histamine, reducing symptoms such as itching, sneezing, runny nose and redness (13). These drugs can interfere with the results of certain laboratory parameters, such as immunoglobulin levels and inflammatory markers. Table 14 summarizes up-to-date information on antiallergics and their effects on treatments, as well as affected exams.

GLUCOSE CONTROL

Insulin controls blood glucose levels and in the treatment of diabetes, the therapy has to regulate the amount of sugar present in the bloodstream, allowing better control of the disease and preventing long-term complications (13). However, blood glucose control medications can impact certain laboratory parameters such as glycated hemoglobin (HbA1c) and fasting glucose levels.

Use information allows for proper interpretation of results and accurate monitoring of treatment efficacy, helping to

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|------------|---|--------------------------------------|--|---|
| Enalapril | Angiotensin converting enzyme inhibitor | Cough, Hypotension, Hyperkalemia | It may interfere with the measurement of serum creatinine, indicating a false decrease in values | creatinine dosage |
| Omeprazol | proton pump inhibitor | Headache, diarrhea, nausea, vomiting | It may increase gastrin and chromogranin A levels | Gastrin, chromogranin A |
| Ranitidina | proton pump inhibitor | Headache, diarrhea, mental confusion | It may cause false positives in free plasma metanephrine and urinary catecholamine tests | Testing for free plasma metanephrine and urinary catecholamines |

Table 10: Inhibitors.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|---------------------|----------------------------------|--|---|--|
| Spironolactone | Diuretic, Aldosterone Antagonist | Hyperkalemia, Gynecomastia, Amenorrhoea | It may interfere with the dosage of luteinizing hormone, indicating a false decrease in values. | Luteinizing hormone dosage |
| Furosemide | Loop Diuretic | Hypotension, dehydration, hypokalemia, ototoxicity | Inhibition of ion reabsorption in the renal tubule | Serum levels of electrolytes (sodium, potassium, calcium, magnesium) |
| Hydrochlorothiazide | Diuretic | Hypokalemia, hyponatremia, hypomagnesemia, hyperuricemia, hyperkalemia, hypercalcemia, hyperglycemia, increased creatinine and uric acid, vertigo, headache, nausea, vomiting, constipation, skin rash, sexual impotence | It may decrease renal excretion of potassium and magnesium, increasing their serum concentrations; may increase renal excretion of calcium and decrease uric acid | Blood glucose, creatinine, uric acid, potassium, magnesium, calcium, urine (proteins and sugars) |

Table 11: Diuretics.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|---|----------------------|---|-----------------------------------|--------------------------------------|
| Statins (Atorvastatin, Rosuvastatin, Simvastatin) | cholesterol reducer | Myalgia, weakness, rhabdomyolysis, hepatotoxicity | Cytochrome P450 enzyme inhibition | Serum levels of creatine kinase (CK) |
| Fenofibrate | Triglyceride reducer | Abdominal pain, nausea, vomiting, cholecystitis, pancreatitis | Cytochrome P450 Enzyme Induction | Serum levels of creatine kinase (CK) |

Table 12: Reducers.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|----------------|----------------------|--|---|--|
| Fluconazole | Antifungal | Nausea, diarrhea, abdominal pain, hepatotoxicity | Cytochrome P450 enzyme inhibition | Serum levels of theophylline, carbamazepine, digoxin, among others |
| Amfotericina B | antifungal | Nephrotoxicity, fever, chills, anemia | Interacts with fungal membrane sterols | Kidney function, electrolytes, liver function |
| Itraconazol | antifungal | Nausea, vomiting, abdominal pain, hepatotoxicity | Inhibits ergosterol synthesis in the fungal cell wall | Liver function |

Table 13: Antifungal.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|-------------|-----------------------------|--|---|--------------------|
| Hydroxyzine | Antiallergic and anxiolytic | Drowsiness, dry mouth, dizziness, headache | It may cause false positives for methamphetamine in urine tests | Urine drug tests |
| loratadine | Antiallergic | Drowsiness, dry mouth, headache | It may interfere with skin allergy tests | skin allergy tests |

Table 14: Antiallergic.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|------------|---------------------------------------|---|--|--------------------------------------|
| Insulin | Glycemic control in diabetes mellitus | Hypoglycemia, weight gain, allergic reactions | It may interfere with blood glucose and fructosamine tests | Blood glucose and fructosamine tests |
| Metformin | Glycemic control in diabetes mellitus | Diarrhea, nausea, vomiting, hypoglycemia | It may interfere with serum creatinine tests | Serum creatinine tests |

Table 15: Glycemic control.

| Medication | therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|--------------|----------------------|--------------------------------------|---|--------------------|
| Prednisone | Corticosteroid | Weight gain, acne, emotional changes | It may lower potassium and calcium levels | Potassium, calcium |
| Prednisolone | Corticosteroid | Weight gain, acne, emotional changes | It may lower potassium and calcium levels | Potassium, calcium |

Table 16: Corticosteroids.

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|-------------|-------------------------|---------------------------------------|---|---------------------------------|
| Tenofovir | Antiviral | Headache, diarrhea, nausea | It may increase creatinine levels | Creatinine level |
| Oseltamivir | Antiviral for influenza | Nausea, vomiting, headache, dizziness | Inhibition of viral neuraminidase | Liver function, kidney function |
| Aciclovir | Antiviral for herpes | Nausea, vomiting, diarrhea, headache | Inhibition of viral replication by incorporation into viral DNA | kidney function |

Table 17: Antiviral

| Medication | Therapeutic function | Adverse effects | Exam-changing mechanism of action | Affected exams |
|---------------|----------------------|---|---|--------------------------------------|
| Metronidazole | antimicrobial | Nausea, vomiting, diarrhea, metallic taste in the mouth | It may interfere with blood glucose measurement | blood glucose |
| Ciprofloxacin | antimicrobial | Nausea, diarrhea, abdominal pain, allergic reactions | Inhibition of bacterial DNA gyrase | Liver function tests, electrolytes |
| Clindamycin | antimicrobial | Diarrhoea, nausea, skin rashes, allergic reactions | Inhibition of bacterial protein synthesis | Complete blood count, liver function |

Table 18: Antimicrobial.

adjust therapy as necessary to ensure effective diabetes control (15). Table 15 presents updated and accurate information on the interference of these drugs in laboratory tests.

CORTICOSTEROIDS

Corticosteroids have anti-inflammatory and immunosuppressive properties, playing a crucial role in the treatment of various inflammatory and immunological conditions, are able to reduce inflammation, control allergic reactions and modulate the body's immune response (13).

Its therapeutic function, according to MELLO et al. (15), is directly related to its ability to inhibit the production of inflammatory substances, such as prostaglandins and cytokines, in addition to suppressing the activity of the immune system. This provides symptom relief in conditions such as asthma, arthritis, autoimmune diseases and dermatitis.

However, corticosteroids can affect the results of certain laboratory parameters, such as blood cell counts, glucose and electrolyte levels, and markers of liver function (9). In table 16 the corticosteroids are presented.

ANTIVIRAL

Antivirals play a crucial role in treating a variety of viral infections such as the flu, herpes, hepatitis C and HIV. These drugs have the therapeutic function of inhibiting the replication of the virus, reducing its viral load in the body and controlling the progression of the disease (13). By sharing all the details about using antivirals, the patient and doctor can work together to achieve the best results in treating the viral infection. Table 17 summarizes and updates several antiviral

drugs and their adverse effects and affected exams.

ANTIMICROBIALS

Antimicrobials fight infections caused by microorganisms such as bacteria, viruses, fungi, and parasites (13). These drugs can affect the results of certain laboratory parameters, such as blood cell counts, inflammatory markers and specific tests for the detection of microorganisms (8). Table 18 presents several antimicrobials and their drug reactions.

CONCLUSION

The analysis of drug interactions and their consequences in laboratory tests is extremely important to ensure a safe clinical practice and the correct interpretation of laboratory results. Awareness of these interactions and the development of appropriate strategies are essential to minimize risks to patients and promote the quality of medical care. Thus, this work presented several information based on the literature to be used as strategies to minimize the effects of drug interactions in laboratory tests. A careful review of the lists of medications used by patients stands out in this work, and with this, to allow effective communication between health professionals and laboratory technicians. The information presented allows health professionals to always be up to date with the information provided by drug manufacturers and seek expert guidance in case of doubts.

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REFERENCES

1. Barros ER de, Vasconcelos EEC, Carvalho D da S, Torres AE de A, Santos MCS dos, Ferreira Jerson AG, et al. A IMPORTÂNCIA DOS EXAMES LABORATORIAIS PARA A SAÚDE. In: Barbosa ayse de F, editor. DEBATES INTERDISCIPLINARES EM SAÚDE [Internet]. 3rd ed. João Pessoa - PB: Editora Acadêmica Periodicojs; 2023. p. 14–24. Available from: <https://periodicojs.com.br/index.php/easn/issue/view/127/71>
2. Souza AS, Santiago EC, Almeida LC de. INTERFERÊNCIAS NOS EXAMES LABORATORIAIS CAUSADOS PELOS ANTI-HIPERTENSIVOS USADOS NO BRASIL. *Rev Eletrôn Atualiza Saúde* [Internet]. 2016;3(3):101–13. Available from: <http://atualizarevista.com.br/wp-content/uploads/2016/01/Interferências-nos-exames-laboratoriais-causados-pelos-anti-hipertensivos-usados-no-Brasil-v-3-n-3.pdf>
3. Yao H, Rayburn ER, Shi Q, Gao L, Hu W, Li H. FDA-approved drugs that interfere with laboratory tests: A systematic search of US drug labels. *Crit Rev Clin Lab Sci*. 2017;54(1):1–17.
4. de Cordova CMM, Nogara MS, de Cordova MM. Interference on the laboratory measurement of bilirubin: The effect of in vitro interactions. *Clin Chim Acta* [Internet]. 2009 Sep;407(1–2):77–9. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0009898109003507>
5. Santos SLF dos, Borges RN, Barros KBNT. Drugs that interfere with the results of laboratory tests: an integrative review of the literature. *Rev Bras Análises Clínicas* [Internet]. 2018;50(2):105–10. Available from: <http://www.gnresearch.org/doi/10.21877/2448-3877.201800581>
6. Oliveira TS de, Bandeira DM, Batista E, Menezes P. Interferências do gel separador em análises bioquímicas e possíveis soluções: uma revisão bibliográfica. *Rev Bras Análises Clínicas* [Internet]. 2021;53(4):368–74. Available from: <http://www.rbac.org.br/artigos/interferencias-do-gel-separador-em-analises-bioquimicas-e-possiveis-solucoes-uma-revisao-bibliografica/>
7. Da Costa VG, Moreli ML. Principais parâmetros biológicos avaliados em erros na fase pré-Analítica de laboratórios clínicos: Revisão sistemática. *J Bras Patol e Med Lab*. 2012;48(3):163–8.
8. Rapkiewicz JC, Zaros KJB, Grobe R. Interação de fármacos com exames de laboratório. *Informativo CIM/CRF-PR* [Internet]. 2018;1–10. Available from: https://www.crf-pr.org.br/uploads/revista/35428/BFtOSB44cJW25q_WSqPV8rq3vZJ_1Y2_.pdf
9. Silva RS, Domingueti CP, Tinoco MS, Veloso JC, Pereira ML, Baldoni AO, et al. Interference of medicines in laboratory exams. *J Bras Patol e Med Lab* [Internet]. 2021;57:1–15. Available from: <http://www.gnresearch.org/doi/10.5935/1676-2444.20210014>
10. Consultas - Agência Nacional de Vigilância Sanitária - Ácido acetilsalicílico [Internet]. [cited 2023 Jun 20]. Available from: <https://consultas.anvisa.gov.br/#/medicamentos/25351460828201982/>
11. Consultas - Agência Nacional de Vigilância Sanitária - DIPIRONA [Internet]. [cited 2023 Jun 21]. Available from: <https://consultas.anvisa.gov.br/#/medicamentos/25351644140202178/>
12. Duarte LTD, Fernandes M do CCB, Fernandes MJ, Saraiva RÂ. Analgesia peridural contínua: análise da eficácia, efeitos adversos e fatores de risco para ocorrência de complicações. *Rev Bras Anestesiol*. 2004;54(3):371–90.
13. ProDoctor Software S/A. ProDoctor Medicamentos: Bulas [Internet]. 2023. Available from: <https://prodoctor.net/medicamentos>
14. Yamagishi JA, Alves TP, Geron VLMG, Lima RRO. Anemia ferropriva: diagnóstico e tratamento. *Rev Científica da Fac Educ e Meio Ambient*. 2017;8:99–110.
15. Mello PA, Rocha BG, Oliveira WN, Mendonça TS, Domingueti CP. Interferência in vivo e in vitro de medicamentos na avaliação da glicemia: uma revisão da literatura. *Rev Bras Análises Clínicas* [Internet]. 2022;54(2):111–8. Available from: <https://www.rbac.org.br/artigos/interferencia-in-vivo-e-in-vitro-de-medicamentos-na-avaliacao-da-glicemia-uma-revisao-da-literatura/>
16. Moreno RA, Moreno DH, Soares MB de M. Psicofarmacologia de antidepressivos. *Rev Bras Psiquiatr* [Internet]. 1999 May;21(suppl 1):24–40. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44461999000500006&lng=pt&tlng=pt

17. Teixeira PJR, Rocha FL. Efeitos adversos metabólicos de antipsicóticos e estabilizadores de humor. Rev Psiquiatr do Rio Gd do Sul [Internet]. 2006 Aug;28(2):186–96. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-81082006000200011&lng=pt&tlng=pt

18. Aquino E dos S, Neto IF da S, Mendes R de C. OS EFEITOS ADVERSOS DA TERAPIA ANTIRRETROVIRAL EM PACIENTES COM HIV/AIDS: UMA REVISÃO INTEGRATIVA THE. Rev Ciência Cena. 2022;1(15):1–12.