

Descriptive and correlation analyses between PN complications and the rest of the studied variables were carried out. Statistical analysis was performed by OR and logistic regression using IBM SPSS Statistic 24 package.

Results A total of 185 patients were included, 56.2% men, median age 60.5 years (18–89 years): 26 patients were excluded. The causes of hospitalisation were neoplasia in 44.86%, digestive pathologies in 34.05%, infections in 11.35% and other pathologies in 9.73%.

The PN administration route was a central catheter in 76.9% of patients and a peripheral catheter in the remaining patients: 43.24% (n=80) of patients suffered plasmatic electrolyte alterations during PN treatment and 11.89% (n=22) suffered catheter infections. No statistically significant differences were observed for age, sex, cause of hospitalisation, catheter type, incidence of metabolic complications or electrolyte alterations ($p>0.1$). A larger number of catheter infections occurred in patients receiving drug containing PN (OR 2.69 (1.08–6.67)).

Median duration of PN treatment was 12 days (3–138). Treatment duration was longer for patients receiving drug containing PN (21.03 vs 14.44 days, $p<0.05$). Duration of PN treatment was correlated with the onset of catheter infections ($p<0.0001$).

Conclusion and relevance No correlation was found between the addition of drugs to PN and most studied complications. Patients who received drug containing PN had a higher risk of catheter infections. The longer duration of treatment with drug containing PN may be the cause of the increased incidence of infections.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

5PSQ-012 DRUG INTERACTIONS AND POLYPHARMACY IN A COHORT OF HIV POSITIVE HAEMOPHILIC PATIENTS

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Background and importance The haemophilic population is getting older and therefore they need to confront other comorbidities in addition to those associated with congenital coagulopathy.

Aim and objectives To determine the complete pharmacological treatment of a cohort of HIV positive haemophilic patients to determine potential drug interactions (PDI), and to compare them with a reference cohort of haemophilic patients (RP).

Material and methods A cross sectional observational study was conducted in HIV positive haemophilic patients, aged over 18 years, and receiving active treatment in February 2019 in a haemophilia unit of a third level hospital. A multidisciplinary team comprising infectious diseases, haematology and pharmacy was established. Biodemographic, clinical and pharmacological variables were recorded. PDI were analysed using the database Micromedex. Moderate and severe PDI were selected. The data were obtained from clinical history (SAP), electronic prescription programme (SILICON) and the electronic prescription system (SIRE). RP was selected from Mannucci *et al* (2018).

Results The cohort consisted of 40 HIV positive haemophilic patients with a median age of 49 years (36–75).

Clinical variables included type of haemophilia: A (80%), B (5%), factor X deficit (2.5%) and Von Willebrand disease (2.5%). Severity was classified as severe (67%), mild (27.5%) and moderate (5%).

Pharmacological variables: recombinant factor (75%: 62.5% extended half-life (EHL) and 37.5% first generation) and plasma derived factor (25%); antiretroviral treatment: tri-therapy (57.5%), bi-therapy (40%), monotherapy (2.5%); total number of drugs (compared with RP): excluding HIV and haemophilia drugs 2.9 (± 3.0) versus 2.4 (± 2.5), 22.5% had polypharmacy (>5 drugs) versus 17%; including HIV and haemophilia drugs 3.7 (± 3.6) versus 4.4 (± 3.1), 47.5% had polypharmacy versus 38%. Significant differences were not detected ($p>0.05$).

Thirty-seven PDI were detected and reported (severe 15, moderate 22) which correspond to a rate of 0.6 (± 1.4) PDI per patient versus 1 (± 2.0) compared with RP ($p>0.05$). None corresponded to haemophilic factors. Twenty-four PDI did not require therapy modification, 9 required close monitoring and 4 required an immediate modification to prevent adverse effects on the patient.

Conclusion and relevance Our population had a profile of polypharmacy and PDI similar to another RP. Immediate treatment modification was required in 4 out of 37, indicating the need to actively identify PDI in the HIV positive haemophilic population. This detection reduces the risk of toxicity or ineffectiveness of antiretroviral therapy. The involvement of the pharmacist in the management of the haemophilic patient contributes to optimisation of the pharmacotherapeutic plan.

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5PSQ-013 ANALYSIS OF THE RISK OF QT INTERVAL PROLONGATION IN INSTITUTIONALISED ELDERLY PATIENTS IN A NURSING HOME

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Background and importance Prolongation of the QT interval in the ECG can trigger an arrhythmia (torsades de pointes) that usually resolves spontaneously, although sometimes it can cause ventricular fibrillation and sudden death. Drugs are a frequent cause of QT interval prolongation and therefore it is recommended that the risk of QT interval prolongation is assessed, especially in elderly polymedicated patients.

Aim and objectives To determine the prevalence of patients in a nursing home (NH) with prescription of drugs with a defined and potential risk for producing prolongation of the QT interval, and to assess the concomitance of these drugs and history and/or cardiac pathologies.

Material and methods A descriptive cross sectional study was conducted in all patients in a NH who had active electronic prescriptions. The main variable was percentage of patients treated with drugs with a defined and potential risk of QT interval prolongation (DR-QT and PR-QT, respectively), according to the levels of evidence in the AZCERT list. Concomitant prescription of these drugs in a single patient was