

In terms of prescribing specialties, Internal Medicine had the highest rate of inadequacy (72.7%), followed by Digestive Medicine (9.1%).

34 of the 227 prescriptions reviewed (15%) required dose adjustment due to glomerular filtration rate below 30 mL/min, of which 35.3% were inappropriately prescribed (20.6% with piperacillin/tazobactam and 14.7% with amoxicillin/clavulanate). Furthermore, 52.9% of them required a first loading dose different from the maintenance doses and in 88.9% of them this was done incorrectly as in most cases the filtrate-adjusted dose was prescribed directly.

Conclusion and relevance A small but not negligible percentage of patients with renal failure do not receive a correct dose. Training physicians in proper prescribing and optimising the pharmaceutical validation process in these patients is essential to ensure their correct use. In addition, this study identifies the need to follow a protocol on the correct initial loading doses and the time required for their adjustment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-253 DIFFERENCES BETWEEN PHARMACEUTICAL INTERVENTIONS PERFORMED ON ANTIMICROBIALS IN MEDICAL AND SURGICAL SERVICES

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Background and importance The increasing in-hospital use of antimicrobials requires pharmacists' involvement in multidisciplinary teams. Pharmaceutical interventions (PI) are essential to optimise antimicrobials' effectiveness and safety.

Aim and objectives To describe PI performed on antimicrobials in different hospitalisation services.

To analyse differences between sociodemographic variables and mortality depending on type of service and PI performed. **Material and methods** Retrospective observational study in a 750-bed university hospital. PI analysed from October 2020 to March 2021. Registered variables: PI type, service, age, length of stay (LOS) and mortality.

Statistical analysis: Wilcoxon or Kruskal-Wallis test for quantitative variables; Chi-square test for qualitative variables.

Results Total PI performed: 16 913, 3145 (18.6%) on antimicrobials. PI at medical services 2449 (77.9%), surgical 696 (22.1%). Table 1 details the services with the most PI performed.

Abstract 4CPS-253 Table 1

	Optimisation of treatment effectiveness	Toxicity prevention	Administration enabling and/or information	Pharmacotherapy monitoring	P value
Medical	353 (14.4%)	692 (28.3%)	807 (33.0%)	597 (24.4%)	p<0.001
Surgical	187 (26.9%)	143 (20.6%)	222 (31.9%)	144 (20.7%)	
Geriatrics	81 (11.0%)	198 (26.8%)	209 (28.3%)	251 (34.0%)	p<0.001
Infectious	91 (14.7%)	194 (31.2%)	219 (35.3%)	117 (18.9%)	p<0.001
Other surgeries	67 (25.0%)	54 (20.2%)	95 (35.5%)	52 (19.4%)	p<0.001
Traumatology	57 (23.7%)	37 (15.4%)	83 (34.4%)	64 (26.6%)	p<0.001
ICU	18 (12.1%)	27 (18.1%)	56 (37.6%)	48 (32.2%)	p=0.005
Internal	21 (14.1%)	35 (23.5%)	48 (32.2%)	45 (30.2%)	p=0.226

	Medical	Surgical	P value
Age	77 (65–86)	68 (56–79)	p<0.001
LOS	16 (8–28)	17 (9–35)	p=0.036
Mortality	444 (18.6%)	31 (4.6%)	p<0.001

	Effectiveness	Toxicity	Administration/ information	Monitoring	P value
Age	72 (60–81)	79 (67–87)	72 (59–83)	76 (64.5–86)	p<0.001
LOS	17 (8–31)	16 (9–28)	15 (8–29)	17 (9–30)	p=0.129
Mortality	66 (12.5%)	149 (18.2%)	166 (16.7%)	94 (13.2%)	p=0.007

Conclusion and relevance The most common type of PI was administration/information, except in geriatrics where monitoring was predominant.

Toxicity prevention is the second most frequent PI type in medical services; while effectiveness optimisation is second in surgical ones.

LOS in surgical services is longer than medical services, with higher mortality in medical services.

Patients with PI to prevent toxicity present higher mortality and, together with monitoring-requiring ones, are older.

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4CPS-255 FREQUENCY OF CONSUMPTION OF COMPLEMENTARY AND ALTERNATIVE MEDICINE AMONG HIV PATIENTS: A MULTICENTRE CROSS-SECTIONAL STUDY

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Background and importance Consumption of complementary and alternative medicine (CAMs) has increased among human immunodeficiency virus (HIV) patients. CAMs are of questionable safety and efficacy and may interact with antiretroviral