GRP-023 ANTI-FACTOR Xa ACTIVITY AFTER PROPHYLACTIC DOSES OF ENOXAPARIN (40 mg) IN HOSPITALISED PATIENTS WEIGHING LESS THAN 55 KILOGRAMMES

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Background Enoxaparin is commonly used for thromboembolic disease prophylaxis probably because of its safety profile and once-daily administration. In contrast to therapeutic doses, the prophylactic recommended dose is fixed (40 mg once a day for enoxaparin). There is little evidence for suitable dosing in extreme body weights, especially in low-weight patients.
Purpose To establish whether the recommended dose of Enoxaparin (40 mg/day) in patients weighing less than 55 kilogrammes produces anti-factor Xa activity over the desired ranges for thromboembolic prophylaxis.
Materials and Methods Cross sectional study. Sample size estimated in 53 patients. Inclusion criteria: over 18 years, body weight equal or less than 55 kilogrammes, hospitalised in medical wards and with an indication of thromboembolic prophylaxis with enoxaparin 40 mg/day by the treating physician. Exclusion criteria: renal failure and concomitant use of oral anticoagulants. Anti-factor Xa activity was measured 3 hours after the third dose of enoxaparin. We estimated the proportion of patients with anti-factor Xa activity over 0.5 u/ml and the average anti-factor Xa activity.
Results Average age was 65.4 ± 20.3 years and average weight 47.7 kilogrammes (26 to 54). The average anti-factor Xa activity was 0.54 ± 0.18 u/ml and the proportion of patients with values over 0.5 u/ml was 60%. Weight and anti-factor Xa activity were inversely correlated, with a Pearson coefficient of −0.497. In subgroup analysis, patients weighing less than 50 kilogrammes had anti-factor Xa activity of 0.61 u/ml, while those with weight over 50 kilogrammes had an anti-factor Xa activity of 0.47 u/ml ($p = 0.019$).
Conclusions Anti-factor Xa activity rises significantly when body weight decreases. Patients with low weight had an anti-factor Xa activity over the desired range for thromboembolic prophylaxis, especially in those under 50 Kilograms. Further study is needed to determine if these data are clinically significant and whether prophylactic doses should be adjusted for body weight.

No conflict of interest.

GRP-024 ANTITHROMBOTIC PROPHYLAXIS IN PATIENTS WITH MULTIPLE MYELOMA BEING TREATED WITH LENALIDOMIDE

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Background The diagnosis of multiple myeloma (MM) has been associated with a greater risk of thromboembolic events. At the same time, the treatment with lenalidomide, an immunomodulator authorised in 2007 by the EMA, causes a significant increase in the risk of deep vein and arterial thrombosis, and pulmonary embolism in patients with MM.
Purpose To find whether patients diagnosed with MM being treated with lenalidomide have prophylactic antithrombotic treatment with low molecular weight heparin or with acenocoumarol, as recommended in the ASCO (American Society of Clinical Oncology) guidelines.
Materials and Methods A retrospective observational study was carried out in a 700-bed secondary hospital from January 2011 to February 2012. The patients included had MM and lenalidomide and dexamethasone treatment and picked up their medicines in our hospital. The data were obtained from a Diraya computer system of the Andalusian health system. The following data were obtained: sex, age, whether they had anticoagulant treatment or not and if they had, what type of anticoagulation they received.
Results The total number of patients was 31, 16 males and 15 females, with an average age of 61.7 years. Of these 31 patients treated with lenalidomide plus dexamethasone, only 9 patients received antithrombotic prophylactic treatment. Of the 22 who did not receive it, there were two cases of episodes of deep arterial thrombosis.
Conclusions Most of the patients with multiple myeloma who come to our pharmacy service are without antithrombotic prophylactic treatment with the risk that this situation entails. As pharmacists we consider it necessary to remind haematologists of the necessity both of prescribing such treatment in order to avoid future complications, and of monitoring that these recommendations are observed, in order to guarantee the safe use of lenalidomide.

No conflict of interest.

GRP-025 APPLICATION OF A PRESSURE ULCER PREVENTION AND TREATMENT PROTOCOL IN THE FATEBENEFRATELLI AND OPHTHALMIC HOSPITAL IN MILAN

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Background Pressure ulcers are very common in hospitalised patients and if not prevented or properly treated may increase the length of hospitalisation, infections due to complications, and patient suffering. Prevention is thus relevant for high quality care. To improve the quality of care and to monitor the incidence of pressure ulcers, a multidisciplinary team was created in our hospital in 2009, and a diagnostic and therapeutic pressure ulcers protocol was defined ('Percorso Diagnostico Terapeutico Assistenziale Lesioni da Pressione').
Purpose To describe the verification, performed by the multidisciplinary team, of the correct use of the protocol, using the indicators specified in the protocol itself.
Materials and Methods The protocol, created from the guidelines already in use in the hospital, was implemented with the definition of operational tools for the verification of its application. Adherence to the protocol is intended to prevent and provide the best treatment for pressure ulcers. Two analyses (one in 2010 and one in 2011) of the clinical charts were performed in order to cheque the adherence of the health care professionals to the use of the procedure: this was evaluated using a cheque list composed of nine criteria, each of which was assigned 1 point if 'correct' and 0 if 'incorrect'.
Results In 2010 a total of 214 clinical charts were analysed: in general, data was collected correctly (57% of cases). Pressure ulcers were properly identified and prevented in 37% of cases: only some nurses follow the guidelines in the detection and treatment of injuries. Of patients with pressure ulcers, 36% were properly treated. The departments that mainly detected a risk of pressure skin damage and prevented it following the procedure for the treatment of lesions were Neurosurgery, Medicine, and Cardiology. A further analysis of 62 clinical charts in 2011 showed that in 52% of cases, pressure ulcers were correctly identified, but in only 5% of cases were they then properly treated. A third analysis is ongoing, with the aim of identifying and correcting errors in the treatment of the ulcers. A poster will also be distributed to departments, for quick reference to the treatment protocol.
Conclusions The protocol is a practical tool applicable in the various departments. Verification of its correct use showed a low