4CPS-177

DEALING WITH IATROGENIC CARDIAC ARREST IN PSYCHIATRY, DO NOT OVERLOOK MONITORING!

¹S Wise, ¹C Kowal*, ²B Pignon, ³K Richard, ²S Vanhulst, ²A Pelissolo, ¹M Dalle-Pecal, ⁴M Paul, ¹C Divine. ¹Albert Chenevier Hospital – Henri Mondor Hospital Group – AP-HP, Pharmacy Department, Creteil, France; ²Albert Chenevier Hospital – Henri Mondor Hospital Group – AP-HP, Psychiatric Department, Creteil, France; ³Albert Chenevier Hospital – Henri Mondor Hospital Group – AP-HP, Cardiac Rehabilitation Department, Creteil, France; ⁴Henri Mondor Hospital – Henri Mondor Hospital Group – AP-HP, Pharmacy Department, Creteil, France

10.1136/ehpharm-2019-eahpconf.326

Background In 2017 a patient's death occurred in the psychiatry department of our establishment. After a morbidity-mortality review, the hypothesis of a cardiac arrest after intake of torsadogenic drugs has been suggested.

Purpose The state of cardiac patient care in our psychiatry units was one of the strategic axes retained to define priority actions for improvement.

Material and methods Records of the hospitalised psychiatry patients were analysed on a given day in April 2018. A literature review allowed selection of the factors to analyse: ionogram dates and results, thyroid function, arterial tension (AT), heart rhythm (HR), electrocardiogram realisation, corrected QT interval (QTc), torsadogenic risk factors (female ≥ 65 years, ischaemic heart disease, torsadogenic drug) and co-prescriptions of psychotropic drugs inducing QT prolongation (PDIQTP). Only the factors traced in the patients' records during the first 30 days of hospitalisation were analysed.

Results Ninety-six records were analysed (100% of inpatients). Found at admission were ionograms, thyroid function, AT, HR and electrocardiogram realisation, respectively for 94%, 70%, 95%, 96% and 90% of patients. Seven hypokalaemias were found and were all adjusted during the first month. No hypocalcaemia or hypothyroidism were found but one hyperthyroidism was revealed and explored. Seven hypertension were explored. No bradycardia was recorded. Four patients had QTc prolongation (≥ 450 ms). Among them, two profited from an additional electrocardiogram. The percentage of patients with one risk factor was 19% and 2% of patients had more than one risk factor. Half of these patients underwent an additional electrocardiogram. During hospitalisation, 44 PDIQTP, 17 initiations and 12 raises of torsadogenic drug dosage were carried out. These modifications were monitored by an extra electrocardiogram in 13% of cases.

Conclusion Admission cardiac check-up was mainly realised and its disturbances corrected or explored. However, the thyroid function was underestimated whereas its disturbance can cause not only cardiac disorders but also psychiatric disorders. Furthermore, in risk situations that need an extra electrocardiogram during hospitalisation (QTc prolongation for example), cardiac monitoring was insufficient. These two points will be spotlighted in a cardiac monitoring protocol for psychiatry inpatients, in order to prevent iatrogenic cardiac arrests throughout the hospitalisation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-178

ABSTRACT WITHDRAWN

4CPS-179

USE OF SPECIFIC DRUGS FOR DEMENTIA IN PEOPLE AT THE END OF LIFE IN NURSING HOMES

¹A Zurutuza*, ²I Beobide, ²B Miró, ²A Ferro. ¹Donostia University Hospital, Pharmacy, San Sebastian, Spain; ²Ricardo Bermingham Hospital Matia Foundation, Pharmacy, San Sebastian, Spain

10.1136/ehpharm-2019-eahpconf.328

Background Acetylcholinesterase inhibitors (ACEIs) and memantine are drugs used in Alzheimer's disease (AD) and dementia with Lewy bodies or associated to Parkinson's disease (LB-P). Their efficacy is limited and deprescription strategies are necessary when clinical, functional decline, advanced dementia and/or end of life occurs.

Purpose To evaluate the use of anti-dementia drugs of institutionalised people who died throughout a year in the nursing homes studied.

Material and methods Retrospective analysis of patients who died in seven nursing homes between July 2017 and June 2018. We analysed the Global Impairment Scale (GDS-FAST), the Barthel Index (BI), anti-dementia drugs and their withdrawal prior to the death of people diagnosed with dementia. The data were obtained from the electronic prescription system and analysed with SPSS v20.

Results Among 1125 people attended during the analysed period, 183 (16.3%) died, identifying 128 (69.94%) cases of dementia. Of these, 56% were female, with a mean age of 89.9 ($s=6.54$) for females and 84 ($s=6.9$) for males, and the median stay was 613 days (IQR 1679). Cognitive and functional assessments were: GDS-FAST median 6 (IQR 1) and BI median 17 (IQR 32).

The distribution of dementias had the following pattern: AD 51 (39.8%), vascular dementia 14 (10.9%), LB-P six (4.7%), mixed dementia three (2.3%), frontotemporal dementia two (1.6%) and other types 52 (40.6%).

Forty-one (32%) patients had a specific drug for dementia during their stay: ACEIs 27 (65.9%), memantine nine (22%) and ACEIs +memantine five (12.2%). 73.2% of patients diagnosed with AD or LB-P had been prescribed one of these drugs.

Eighty-five per cent and 70% of the patients persisted with their treatment in the past 12 and 6 months, respectively. The median number of days from the suspension of the drugs to death was 11 (IQR 259.5). For this analysis, four cases with a stay shorter than 30 days were excluded.

Conclusion A high percentage of patients had been prescribed anti-dementia drugs close to their death.

We have to do an early identification of patients at the end of life and re-evaluate the effectiveness of these drugs during this period, applying if necessary, deprescription strategies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No acknowledgements.

No conflict of interest.

4CPS-180

THE PRACTICE OF USING DEXMEDETOMIDINE IN A PAEDIATRIC INTENSIVE CARE UNIT: RETROSPECTIVE CHART REVIEW

D Almutairi*, M Aljaisry. King Abdulaziz Medical City, Pharmacy, Riyadh, Saudi Arabia

10.1136/ejhp-2019-eahpconf.329

Background Dexmedetomidine is a selective α_2 agonist, and was approved by USFDA in 1999 to be used initially for sedation in adults who are intubated and mechanically ventilated. The manufacturer recommends the duration of infusion not to exceed 24 hours. There are limited data on its use in children.

Purpose The aim of this study was to describe the use of dexmedetomidine for sedation in the Paediatric Intensive Care

Unit (PICU) with regard to the dose, duration of infusion, effect on heart rate (HR) and systolic blood pressure (SBP).

Material and methods The study was conducted at the PICU. We carried out a retrospective charts review for all children less than 14 years admitted between May 2014 and April 2015 who received dexmedetomidine. Demographic data, HR, SBP, starting and maximum dose, time and duration of infusion, and the concurrent use of midazolam were collected. IRB approval was obtained with a waiver of informed consent.

Results A total of 65 children with a median age of 24 (1 to 156) months, weight of 11 (2.3 to 90) kg. The reason for admission was 64.6% for medical indications and 35.4% for surgical indications. The starting dose was 0.48 mcg/kg/hr (0.25–1 mcg/kg/hr), and the maximum maintenance dose reached was 0.84 mcg/kg/hr (0.4–1.5 mcg/kg/hr). For the duration of infusion, the mean was 7.30 days (1–34 days), and two patients reached 60 and 63 days of dexmedetomidine infusion. There was no significant difference in the duration of infusion with respect to age group ($p=0.082$). There was a significant decrease in HR ($p\leq 0.0001$), baseline 114.23 +22.08 bpm and post-infusion 105.49 +21.65 bpm. No hypotensive episodes necessitating the discontinuation of infusion were reported (100.45 +15.42 mm Hg). The majority of patients (55%) were able to be weaned off midazolam after starting dexmedetomidine infusion, while 43% were still on midazolam infusion and the dose range of midazolam was 1–6 mcg/kg/min.

Conclusion Using dexmedetomidine for sedation as a continuous infusion in the PICU seems to be relatively safe. A prospective randomised clinical trial is warranted to prove more safety and efficacy data on the use of dexmedetomidine infusion for intubated paediatric patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-181

EFFECTIVENESS AND SAFETY OF OMALIZUMAB IN CHRONIC IDIOPATHIC URTICARIA

MDP Briceño Casado*, MD Gil-Sierra, E Rios-Sanchez, S Fenix-Caballero, M Camean-Castillo, JC Garcíadeparedes-Esteban, C Martínez-Díaz, J Díaz-Navarro, EJ Alegre-Del Rey, FJ Salmeron-Navas, JM Borrero-Rubio. Hospital Universitario Puerto Real, Hospital Pharmacy, Cadiz, Spain

10.1136/ejhp-2019-eahpconf.330

Background Omalizumab is a recombinant humanised monoclonal antibody that suppresses allergen-mediated skin reactions through its block of the IgE receptor in basophils and mast cells. It is used in patients with chronic idiopathic urticaria who remain symptomatic despite antihistamine treatment.

Purpose To assess the effectiveness and safety of omalizumab in chronic idiopathic urticaria in clinical practice.

Material and methods A descriptive retrospective study was conducted. Patients treated with omalizumab for more than 6 months between 1 January 2014 and 31 March 2018 were included. Electronic clinical history and the prescription program Farmatools® were used to record the following: sex, age, previous treatment, dosage, number of doses received, duration of treatment and time until relapse. Effectiveness was measured by urticaria activity score during a 7 day period (UAS7). UAS7 ≤ 6 after 6 months of treatment was considered