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-evalute the effectiveness of these drugs during this period, applying if necessary, deprescription strategies.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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No conflict of interest.

4CPS-180 THE PRACTICE OF USING DEXMEDETOMIDINE IN A PAEDIATRIC INTENSIVE CARE UNIT: RETROSPECTIVE CHART REVIEW

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Background Dexmedetomidine is a selective α2 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≤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.

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4CPS-181 EFFECTIVENESS AND SAFETY OF OMALIZUMAB IN CHRONIC IDIOPATHIC URTICARIA

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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