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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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.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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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

effective. Relapse was defined as loss of effectiveness. Safety was evaluated according to the adverse effects (AE) profile.

Results During the study period, 32 patients were included, eight were male (25%)and 24 were female (75%). Mean age was 45 (18–79) years. Previous treatment consisted of antihistamines in 10 (31%) patients, antihistamines+corticoids in nine (28%), and antihistamines+corticoids+ antileukotrienes in 11 (34%). The initial UAS7 was >15 in all patients, and in 11 (34%) cases it was >25. Effectiveness was not evaluated in two patients due to lack of information. Initially all patients received 300 mg of omalizumab once a month for 6 months, and after this time 26 (81%) patients achieved a UAS7 ≤6. Nineteen (59%) patients relapsed after a mean time of 4 (1–14) months, and received a 6 month retreatment. After retreatment 12 (38%) patients reached UAS7 ≤6. Subsequent maintenance was required in 14 (44%) patients, with a dose of 300 mg in six (19%) patients and 150 mg in eight (25%). After 6 months of maintenance treatment UAS7 was ≤6 in 10 (31%) patients. In four (12%) cases UAS7 was never ≤6, and no AE were reported during the treatment.

Conclusion Omalizumab was effective in most cases after a 6 month treatment, but more than a half of the patients required retreatment. Maintenance with lower doses was used in a considerable percentage of patients. Tolerance was excellent, without AE being found.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-182 EXPERIENCE WITH OMALIZUMAB IN THE TREATMENT OF UNCONTROLLED PERSISTENT ASTHMA

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Background Allergic asthma is the most prevalent phenotype of severe asthma in which treatment with omalizumab has been proven to be beneficial.

Purpose Analyse the effectiveness, efficiency and safety of omalizumab in patients with uncontrolled moderate-to-severe asthma.

Material and methods Retrospective observational study of all patients with uncontrolled persistent asthma who received omalizumab for at least 52 weeks from March 2007 until September 2018. Variables: age, sex, diagnosis, baseline IgE levels, FEV1 (baseline and at 52 weeks after omalizumab); number of exacerbations (NEX), corticosteroid cycles (CC) and emergency visits (EV) 12 months prior to omalizumab and at 12 months after, duration, discontinuation and side effects; and ACT quality of life questionnaire after last administration. The main variable was the reduction in NEX and as secondary variables reduction in CC and EV. Efficiency was estimated by the reduction in EV/patient cost.

Results Thirty-six patients were included, 67% females, mean age 44.2 years (SD=16.9). Sixteen patients were diagnosed with asthma moderate-severe and 20 severe. Mean IgE level was 590.7 IU/ml (SD=1210.2). Seventy per cent of patients had FEV1 <80%. In the 12 months prior to omalizumab the mean NEX, CC and EV was 4.5 (SD=3), 4.4 (SD=3) and 2.2 (SD=1.8), respectively. NEX at 52 weeks was 0.6 (SD=0.9), a significant difference compared to the baseline. CC was reduced to 0.7 (SD=0.9) and mean/patient EV to 0.3 (SD=0.6). Average treatment duration was 52 months (SD=30) and treatment was discontinued in 20 patients, three of those because of efficacy, 12 for inefficacy, one after poor tolerance (diarrhoea, myalgias and tremors) and four for hospital change. Except for one patient, the rest showed good tolerance to omalizumab. Fifty per cent of patients with decreased lung function reached FEV1 >80% at 52 weeks. After the last administration of omalizumab, 72% of patients were under control or reasonably well controlled and 28% not well controlled. The mean cost of asthma EV/patient prior to omalizumab was € 422.9 (SD=356.8) and after omalizumab € 97.2 (SD=247.4).

Conclusion This analysis shows that omalizumab decreases NEX and CC, achieving a substantial improvement in patients with uncontrolled moderate-to-severe asthma, as well as a reduction in the direct costs of EV. Interruption of treatment in three patients suggests that the effects of omalizumab may persist over time.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-183 COLLABORATION WITH THE OPHTHALMOLOGY SERVICE IN A PUBLIC RESIDENTIAL CARE HOME

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Background Due to the age and clinical situation of the residents in the nursing home, the collaboration with specialists guarantees continuing care.

Purpose Describe the collaboration of the hospital ophthalmology department in resolving queries or consultations concerning the ophthalmological medication used by the residents in the public nursing home of the referential area.

Material and methods A proposal was presented to the ophthalmology service in December 2017. Two doctors collaborated. A transverse study was carried out in January 2018 with residents using eye-drop treatments and their medical records were revised. Data about the use of medication of the S group (ATC codes) was collected between January 2015 and December 2017.The medications which can interact with ophthalmological diseases, e.g. glaucoma and cataracts, were revised, as were the adverse effects of the eye drops. Recommendations and improvement proposals have been sent.

Results In January 2018, of the 194 residents in the care home, 23 were receiving treatment with artificial tears and seven (average age 82.7 years) were being treated, chronically, with eye drops for glaucoma.

Of the seven patients, only three were being revised by the specialist. For the four residents without follow-up, the ophthalmologist suggested visiting the residence to measure ocular tension and visual acuity, and later book an outpatient appointment in 2018.

Of the seven patients in treatment: one was receiving quadruple therapy (carbonic anhydrase inhibitor, alpha-2adrenergic receptor, beta-blocker and prostaglandin analogues); two received triple therapy; three double therapy; and one received