high. Detection of the omission of chronic treatments was the most frequent pharmacists’ interventions recorded.

REFERENCES AND/OR ACKNOWLEDGEMENTS
None.
No conflict of interest.

4CPS-200  USE OF PROHEMOSTATIC DRUGS IN MASSIVE HAEMORRHAGE EPISODES

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Background Prohemostatic drugs are those used in the treatment or prevention of the haemorrhagic phenomenon, by stimulating the mechanisms that increase haemostasis or by stopping those that inhibit it endogenously.

In our centre, a massive transfusion protocol (MTP) was approved in November 2014, which included the approach to massive haemorrhage episodes (MHE) according to a decision diagram focused on thromboelastrometry.

Purpose To evaluate the use of prohemostatic drugs in patients who suffered an MHE.

Material and methods Retrospective descriptive observational study, including all the patients that suffered an MHE during the year 2016.

The data collected were demographic (sex and age), type of MHE, activation or not of the MTP drugs used according to the MTP and doses used.

Results MHE were collected in 43 patients during 2016. The median age was 35 (21–84) years; 36.59% were female.

The types of MHE were obstetric 11.63%, surgical 34.88%, digestive bleeding 25.58%, polytraumatic 13.95% and others (haemorrhagic, septic, hypovolemic and haemodynamic shock) 13.96%.

MTP was activated in 36 patients (83.72%). The prescribed prohemostatic drugs were: fibrinogen in 58.14% of patients, tranexamic acid (TXA) in 48.84% and prothrombin complex concentrate (PCC) in 20.94%. Overall, 105 g of fibrinogen, 32.9 g of TXA and 9603 IU of PCC were used.

According to the type of MHE the following prohemostatic drugs were consumed:

- Obstetric: fibrinogen 14 g, PCC 600 IU and TXA 5 g (four, one and three patients respectively).
- Surgical: fibrinogen 64 g, PCC 7800 IU and TXA 13.5 g (11, four and five patients respectively).
- Digestive bleeding: fibrinogen 14 g, PCC 3 IU and TXA 4 g (four, one and two patients respectively).
- Polytraumatic: fibrinogen 7 g, PCC 1200 IU and TXA 5 g (three, one and four patients respectively).
- Others: fibrinogen 2 g (one patient), and TXA 2.4 g (one patient).

Conclusion Surgical haemorrhages were the most frequent type of MHE during the study period.

Fibrinogen was the most used prohemostatic drug in MHE.

The patients who presented a surgical type MHE were the ones who consumed more prohemostatic drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-202  ANTICHOLINERGICAL RISK IN CHRONIC COMPLEX PATIENTS

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Background Numerous studies demonstrate the association between the use of anticholinergic medication and cognitive