

## REFERENCES AND/OR ACKNOWLEDGEMENTS

Thanks to all the collaborators.  
No conflict of interest.

**5PSQ-025 PULMONARY ARTERIAL HYPERTENSION DRUGS: EPIDEMIOLOGICAL ANALYSIS CONCERNING AN ITALIAN DISTRICT**

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**Background** In recent years, numerous patients with pulmonary arterial hypertension (PAH) were treated in this district and the therapy approach changed radically, with a lot of different drugs provided from the hospital pharmacy. In fact, the number of available drugs increased, and also the therapy strategies have evolved, for example with associations of two or three drugs.

**Purpose** The aim of this study was an epidemiological and prescription analysis of the period from 2004 to 2017 to highlight average age, gender prevalence, survival and age at the first dispensation. Furthermore, this study analysed the prescription trend from 2012 to 2017.

**Material and methods** Data were obtained from the constant updating of dispensed drugs in this hospital pharmacy. At this point, they were processed by software such as Microsoft Access and Excel, to obtain epidemiological and prescriptive informations from 2004 to 2017. Furthermore, the prescription frequency of combination therapies from 2012 to 2017 was analysed, using the same computer programs.

**Results** Patients' average age was 55 years (comparable with the literature data) and the gender prevalence was higher in females (66%). There were six patients in 2004, rising to 57 in 2017. 39.6% died with an average survival of 2.8 years and the average age at the first dispensation was 56 years' old. The prescriptive trend saw a progressive redistribution of consumption, with a prescriptions' increase of innovative medicines. Drugs association is a growing strategy and the collected data are aligned with the reference guidelines (in 2017, 43 patients were treated with monotherapy and 14 with two-three drug therapy).

**Conclusion** Recent pharmacology and studies, and improved early diagnosis, showed an increase in patient numbers, average age and survival. In the case of monotherapy failure, polytherapy, which is constantly increasing, is a good strategy that gives more efficacy with comparable side effects.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

- Humbert M, et al. Advances in therapeutic interventions for patients with pulmonary arterial hypertension. *Circulation* 2014;**130**:2189–2208.

No conflict of interest.

**5PSQ-026 IMPACT OF A SAFETY ALERT WITH VALSARTAN IN A HEALTH MANAGEMENT AREA**

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**Background** Valsartan is an angiotensin II receptor antagonists (ARAI), used to treat high blood pressure and heart failure. In July 2018, a safety alert about the presence in certain

drugs with valsartan of an impurity (N-nitrosodimethylamine (NDMA)), potentially cancer-causing, was released by all health agencies. In our country, the local agency informed about all brands contaminated, encouraging patients affected to change it for another one in their pharmacies.

**Purpose** To describe the impact of a safety alert in the consumption of valsartan.

**Material and methods** A retrospective observational study of all patients in treatment with valsartan was conducted. First, after the safety alert, we obtained a list of patients in treatment with valsartan, selecting those with the impure drug. Second, in October we reviewed if those patients continued with valsartan or changed to another ARAII.

**The variables** were age, sex, drug before and after the alert, time between the alert and the measure taken, if one was made (change of ARAII, suspension of treatment, maintained the same ARAII but changed to an original brand or another generic).

**Results** Two-hundred and twenty-six patients were included (131 females), with an average age of 72.32 years (44–96). From all patients, 73 (32%) did not go to the doctor and when they had to pick up the next box was when the pharmacist gave them a non-contaminated drug. The rest of the 153 patients (68%) visited the doctor after the safety alert. In these patients: 105 changed to losartan, three to telmisartan and three to candesartan; 37 changed the label of valsartan (35 to an original brand and two to generic); and six suspended the ARAII drug. The average time between the alert and the doctor's visit was 12.7 days.

**Conclusion** Many physicians preferred to change medications than to continue with valsartan, so we will have to check if this trend remains in time and the consumption of valsartan is reduced. In addition, 32% of patients did not go to the doctor and did not change the drug until it had finished, without being aware of the safety alert, so the method of communicating health alerts to patients will have to be improved.

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**5PSQ-027 EFFECTIVENESS AND SAFETY OF TOLVAPTAN AND UREA FOR THE TREATMENT OF SEVERE SYMPTOMATIC HYPONATRAEMIA: A CASE SERIES**

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**Background** Tolvaptan and, recently, urea were both indicated for the treatment of hyponatraemia secondary to the Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH) in our country. The FDA also contemplated its use in patients with heart failure (HF). Regarding safety of these drugs, patients with very low baseline natraemia may be at risk for too-rapid correction of serum sodium (>12 mEq/L/24 hours).

**Purpose** To analyse the effectiveness and safety of tolvaptan and urea, and its use in relation to the diagnosis of hyponatraemia.

**Material and methods** Retrospective observational study of all cases of severe symptomatic hyponatraemia diagnosed during