

events happening again. This multidisciplinary work is part of the quality approach and the patient safety management of our establishment.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 5PSQ-079 THE USE OF FENTANYL SUBLINGUAL TABLETS IN A HOSPITAL

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**Background** Fentanyl sublingual tablets are indicated for the management of breakthrough pain in cancer patients who are already receiving, and tolerant to, around-the-clock opioid therapy for persistent cancer pain.

**Purpose** To evaluate the use of fentanyl sublingual tablets in our hospital.

**Material and methods** Retrospective observational study from June 2017 to February 2018 where all hospitalised patients who were receiving sublingual fentanyl tablets were included.

A database was developed in which demographical data (age and sex), service of the prescribing doctor, prescribed doses and indication of sublingual fentanyl were collected.

**Results** We studied 164 patients in total, 80 (48.78%) were males and 84 (51.22%) were females with a median age of 60.25 years' old.

Ninety-six (58.54%) were cancer patients of which 79 (82.30%) were patients with breakthrough pain who were already in treatment with other opioids, eight (8.33%) had an established dose without condition of the pain the patient was suffering and nine (9.38%) did not have the prescription in their computerised clinical history.

The most diagnosed cancers in these patients were: 17 lung (17.70%), 11 colon (11.46%), eight pancreas (8.33%) and six mammary gland (6.25%).

The remaining 68 (41.46%) patients were not cancer patients. The most common pains for which sublingual fentanyl was used were: 13 (19.12%) postoperative pain, 10 (14.71%) rheumatoid pain, six (8.82%) diabetic foot disease, six (8.82%) ischaemias due to a vascular disease, five (7.35%) uncontrolled postpartum pain and four uncontrolled pain after a traumatism. Three (4.41%) of the non-cancer patients used sublingual fentanyl tablets with an established dose without a breakthrough pain.

In total, the prescription of fentanyl sublingual tablets in the computerised clinical history of the patients was not found 18 times (10.98%). The maximum number of tablets were not specified in 55 patients (33.54%).

The most common services that prescribed the medication were: 20 (29.41%) anaesthesia, 12 (17.65%) vascular angiology and 11 (16.18%) rheumatology.

**Conclusion** There are several patients in treatment with sublingual fentanyl that do not fit in its approved indication in our hospital.

Pharmacists must participate in the development of guidelines to ensure the indication of fentanyl sublingual tablets is correct and to try to decrease the drug dependence related to its uncontrolled use.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

I would like to express my gratitude to my co-workers for helping with this research.

No conflict of interest.

#### 5PSQ-080 A STUDY ON RISK FACTORS ELICITING OPIOID ADVERSE REACTIONS IN ELDERLY MALES

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**Background** Opioid administration for pain control and relevant reports of adverse reactions have rapidly increased in the last several decades. In particular, elderly patients with various underlying disorders are administered with multiple drugs and prone to drug-drug interactions, and special attention is necessary in prescribing opioids.

**Purpose** This study attempted to verify the incidence rates of opioid adverse reactions, the symptomatic manifestations and examine causative factors in elderly male patients.

**Material and methods** This retrospective study, conducted via electronic medical records, included a total of 320 male patients, 65 years' old or older, who had been prescribed with oral opioids in this hospital from 1 January to 31 December 2012. These participants were divided into two groups: group one for patients with adverse reaction manifestations (ARM) and another group for patients with no ARM. The correlations with age, body mass index, alcohol drinking and smoking, underlying diseases, previous opioid usage and concurrently-administered drugs were analysed.

**Results** Eighty-nine out of 320 patients (27.8%) developed adverse reactions. Among these adverse reactions, constipation was manifested in 36 patients (11.3%); gastrointestinal illness (27 patients, 8.4%); nausea and vomiting (24, 7.5%); dizziness (12, 3.8%); drowsiness and mental confusion (eight, 2.5%); voiding difficulty (seven, 2.2%); skin reaction (five, 0.6%); and others (31, 9.7%).

Malignancy (OR=0.305, 95% CI: 0.145 to 0.642) and prescription duration (OR=2.127, 95% CI: 1.137 to 3.980) were significant variables in opioid type. The occurrence rate of adverse reactions of morphine and that of oxycodone were 7.3 times (95% CI: 2.545 to 20.701) and 7.5 times (95% CI: 2.547 to 22.208) greater than that of codeine. In concurrent administration of two or more opioids, malignancy (OR=0.323, 95% CI: 0.169 to 0.617), prescription duration (OR=2.054, 95% CI: 1.149 to 3.673) and GABA analogue (OR=3.259, 95% CI: 1.777 to 5.977) were significant. The occurrence rate of adverse reactions of concurrent administration of two or more opioids was approximately 2.8 times (95% CI: 1.089 to 7.163) greater than that of a single opioid drug.

**Conclusion** In elderly male patients with opioid administration, factors that affected relatively lower development of adverse reactions were malignancy and codeine. Administrations of long-term opioids, concurrent GABA analogue and multiple opioids increase adverse reactions.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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