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No conflict of interest.

5PSQ-090 ANTICHOLINERGIC DRUGS AND ACETYLCHOLINESTERASE INHIBITORS: A NON-RECOMMENDED COMBINATION

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10.1136/ejhpharm-2019-eahpconf.523

Background Anticholinergic drugs exert their effect by the opposite mechanism to acetylcholinesterase inhibitors (AChEIs), helping to counteract their modest efficacy and favouring the appearance of adverse events.

Purpose To determine the prevalence of patients with concomitant prescription of AChEIs and anticholinergics in an institutionalised population and to analyse their associated characteristics.

Material and methods Cross-sectional descriptive study carried out in August 2018 including patients from three nursing homes with concomitant prescription of AChEIs and anticholinergic drugs.

Variables were: age, sex, number of drugs, Charlson Index Score (ChI), presence, type and level of cognitive disorder (CD) and anticholinergic and AChEI prescribed.

To identify anticholinergic drugs we used The Anticholinergic-Cognitive-Burden (ACB) scale. Accumulated score ≥ 3 was considered elevated. To evaluate CD, we used the global deterioration scale (GDS), considering valid the scores from the past 18 months.

Results We found 219 patients with CD out of our 367 sample. 22.,4% patients with the concomitant prescription (n=49) were selected. Average age was 86.4±5.3, 79.6% (n=39) females. Average ChI score was 6.2±1.2 and the median number of drugs nine (2–17).

Regarding diagnosis: 43% Alzheimer's disease, 28,6% mixed dementia, 18,4% Lewy–Body dementia and 10% others.

The deterioration degree was 36.7% from moderately-severe to severe cognitive decline, 12.2% from severe to very severe and 3% from mild to moderate and from moderate to moderately-severe. This data was not available/updated in 38.8% patients.

Rivastigmine (53%) was the most prescribed AChEI, followed by donepezil (35%) and galantine (12%). Anticholinergics were prescribed in 71% (n=35) patients with AChEI. Eighty-five per cent (n=30) had elevated AB.

A total of 67 prescriptions of anticholinergic drugs were detected (1.91/patient). Eighty-two per cent belonged to 'Nervous System'(ATC N). Sixteen prescriptions corresponded to drugs with 3 points on the ACB scale. Quetiapine (87.5%) was the most prescribed. The remaining 51 corresponded to drugs with 1 point. Trazodone (47%) was the most frequently implicated drug.

No statistically significant differences in taking anticholinergic drugs were found between those taking AChEIs or not.

Conclusion Almost half of our population presented an important/severe CD degree. Concomitant prescription of anticholinergics and AChEIs was frequent. Drugs from NS were the most implicated. It was not more likely to take anticholinergics among those taking AChEIs.

A reappraisal of the therapeutic approach should be periodically considered in this vulnerable group of patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest

5PSQ-091 ASTHMA IN THE MOROCCAN POPULATION

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10.1136/ejhpharm-2019-eahpconf.524

Background Asthma is a respiratory disease that poses a significant public health problem: 335 million people in the world suffer from asthma, and in Morocco, 10%–20% of the population are involved. Given its high incidence, the adverse effects related to the treatment of asthma impose another issue in the therapeutic management of this disease.

Purpose To identify the undesirable effects linked with the treatment of asthma in the Moroccan population.

Material and methods We conducted a retrospective study of adverse reactions reported to the Poison Control and Pharmacovigilance Centre of Morocco from January 2011 to July 2017. From the national database, we selected notifications for asthmatic patients. From these data, drugs were classified using the anatomical, therapeutic and chemical classification system (ATC) and the various reported adverse reactions were classified according to the organ system class (SOC). Finally, we calculated: the percentages of each class of drugs in relation to the number of notifications and the percentages of each category of adverse effects in relation to the total of the notified effects.

Results Of the 268 patients with 328 adverse effects, the most incriminated drugs were: glucocorticoids 'ATC-R03BA' which represented 49% (131) of reported adverse reactions, followed by inhaled adrenergic 'ATC-RO3A' 38% (101) and selective beta −2-adrenoreceptor agonists 'ATC-RO3AC' 31% (83). The most common adverse effects were: secondary terms-wind 35% (114), cardiovascular disorders 19% (62), neurological disorders 13% (42) and gastrointestinal disorders 12% (39).

Conclusion This study confirms some theoretical data on the adverse effects of medication treating asthma. However, some adverse effects are more common in our population compared to that mentioned in the literature. This puts into question the different risks that can be entered into when taking these drugs.

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No conflict of interest.