with a median of three (2–4) comorbidities and 26.7% polymedicated with a median of seven (6–9) drugs per patient. The most common chronic diseases were: anxiety/depression (45.8%), dyslipidaemia (32.5%), hypertension (20.8%) and psychiatric disorders (19.2%). Benzodiazepines (32.5%), vitamin D (31.7%), proton-pump inhibitors (22.5%), statins (20%), antidepressants (18.3%) and antipsychotics (15%) were the most common drugs prescribed.

A total of 55 CSDIs were identified in 41 patients (34.2% of patients), of which 78.18% involved ARV drugs. Classes of drugs most involved in CSDIs were: pharmacokinetic enhancers (40%), protease inhibitors (38.18%), statins (25.45%), antipsychotics (25.45%) and antidepressants (14.54%). The risk of DRPs was high in 46.7% of patients. In statistical analysis (Mann–Whitney *U* test), the relationship between the number of comorbidities and the risk of DRPs and CSDIs was statistically significant ($p<0.005$) in both cases.

Conclusion The results of the study demonstrate the aging of the HIV +population and the consequences that this entails: an increased risk of presenting DRPs as well as the risk of CSDIs. Due to this, a meticulous and multidisciplinary approach is necessary in this population in order to identify the most susceptible patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-129 BALANCE AND CLASSIFICATION OF PHARMACEUTICAL INTERVENTIONS IN A GENERAL HOSPITAL OF SPECIALTIES: THE PERSONALISED HOSPITAL PHARMACY

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Background Pharmaceutical care (PC) is the 'supply of medicines with the purpose of achieving concrete results that improve the quality of life of the patient', being related to the global process of prescription through pharmaceutical intervention (PI).

Purpose Analyse the registration data of the PIs carried out in a tertiary hospital to avoid adverse effects and health hazards.

Material and methods Retrospective study of the PIs registered between January and August 2018. The PIs were structured in three blocks: Block 1: qualitative (method of comunication of PIs); Block 2: quantitative (active principle, schedules, drugs included/not included in the Pharmacotherapeutic Guide (PTG) and dose adjustment in paediatric presentations); and Block 3: communicative (computer or telephone/personal), dose adjustment according to renal and hepatic functions and acceptance degree.

Results There were 573 PIs over 12 024 admissions, 72.6% in adults and 27.4% in paediatrics. The main method of communication was the computer on 408 occasions and telephone/personal in 165, depending on the urgency. The most frequent error was schedule (43%), not adjusting for nursing shifts, altering the administration of the medication. Those of active principle (26%) were due to drugs not included in the PTG and of those doses (18%) that were related to paediatric presentations. The inadequate form of administration was also registered in 6%, being related to the prescription of medications not included in the PTG, requiring a complete description sensitive to faults in the prescription or transcription. Those of low posology (4%) were due to dose adjustment according to renal and hepatic functions, and those of high (3%) to shortening of the therapeutic interval. The 'pharmaceutical performance' included 63 PIs of therapeutic exchange and modified dosages in 29 cases. Acceptance was 97.5%, performing 98.6% immediately and 1.4% in a range of 8 hours. All these problems related to the medication were detected and corrected by pharmacists as the intermediate step between the medical prescription and the nursing administration.

Conclusion It has been shown that the review and validation of treatments significantly improves therapeutic safety, minimising the risk to the patient. These results provide quantifiable data to measure the activity of the clinical pharmacist, in addition to providing data on pharmacotherapeutic quality indicators.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-130 ANALYSIS OF RITUXIMAB OFF-LABEL USE

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Background Rituximab is a monoclonal antibody indicated in Spain in adults with non-Hodgkin's lymphoma, chronic lymphatic leukaemia, rheumatoid arthritis and granulomatosis with polyangiitis and microscopic polyangiitis.

Purpose To evaluate the use of rituximab in a district hospital in off-label conditions which did not respond to corticosteroids or immunosuppressants treatment.

Material and methods We carried out a retrospective observational study of the use of rituximab off-label from its inclusion in the pharmacotherapeutic guide of the hospital in 2009 until July 2018.

Data collected: number of patients, sex, age, diagnosis, previous treatment with rituximab, concomitant treatment with rituximab, treatment schemes and adverse effects 6 months after the start of treatment. Digital clinical history and external consultations application were used. Statistical analysis was performed with SPSS version 24.

Results Number of patients: 21. Sex: 11 (52.4%) males. Mean Age: 53.3 (21–80). Diagnostic groups: six patients (28.6%) developed glomerulonephritis, five (23.8%) lupus, five (23.8%) vasculitis for cryoglobulins and ANCA positive, three (14.3%) myositis and two (9.5%) pemphigus. Treatment prior to rituximab: all patients were treated with prednisone, 11 (52.4%) with mycophenolate mofetil, 10 (47.6%) with azathioprine, 10 (47.6%) with cyclosporine A, six (28.6%) with hydroxychloroquine, three (14.3%) methotrexate, two (9.5%) with tacrolimus, one (4.8%) with immunoglobulins and one (4.8%) with monoclonal antibodies. Concomitant treatment with rituximab: all patients had been treated with prednisone, five (23.8%) with hydroxychloroquine, five (23.8%) with azathioprine, four (19%) with mycophenolate