mofetil and two (9.5%) with tacrolimus. Treatment schemes: eight (38.1%) patients received 15 day cycles with a fixed dose of 1000 mg on days 1 and 15. Ten patients (47.6%) with 500 mg weekly for 4 weeks and three patients (14.3%) received doses of 875 mg/m² weekly for 4 weeks. Adverse reactions: 11 patients (52.4%) developed cytopenia. The most frequent cytopenia was anaemia: five patients 45.4%. Seven (33.3%) patients developed pneumonia or sepsis that required hospital admission. A case of atrial fibrillation was recorded. No reactions related to the perfusion of rituximab were recorded.

Conclusion The use of rituximab off-label has increased in recent years. It is therefore necessary to develop protocols to unify the criteria for use, evaluating its effectiveness and safety profile to increase the quality of care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-131 PHARMACOVIGILANCE 2018: SURVEY ON THE PERCEPTION OF PHARMACOVIGILANCE IN THE HOSPITAL – TOOLS TO ENHANCE ADVERSE DRUG REACTIONS REPORTING

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Background Hospital pharmacovigilance (PV) has always shown an irregular trend. High increases in the use of adverse drug reactions (ADR) reporting are often recorded during the times in which ad hoc surveillance projects are also carried out. There are several reasons: the lack of knowledge about the role of the PV, the underestimation of the iatrogenic illnesses, job organisation problems and the perception of PV as a merely bureaucratic procedure.

Purpose The purpose of the survey was to suggest the use of some practical and quick tools that could help the staff of the hospital reporting the ADRs in a continuous and spontaneous way, without interfering in the ordinary management of the patients.

Material and methods The entire hospital staff was asked to take part in a survey sent by company e-mail. The survey consisted of 15 questions, which the participants could answer online anonymously. The first part of the questionnaire concerned the meaning of ADR, while the second one examined useful tools for the encouragement of the surveillance. The results were analysed through Microsoft Excel and LimeSurvey.

Results Two-thousand, six-hundred and seventy-two surveys were collected, with a participation rate of 27.3%. The obtained data highlighted that only 31.23% of the participants knew the correct meaning of ADR: 69.32% of them had never reported an ADR.

The chance of notifying directly the ADRs to the Qualified Person Responsible for Pharmacovigilance (QPPV) by putting a tick in the software for the patients' management was evaluated positively by the participants. Moreover, 69.73% of the interviewed would find the presence of the QPPV inside the ward useful.

Conclusion The analysis of the results shows that the promotion of PV knowledge is strongly suggested. Supporting the

wards in the comprehension of the reporting procedures is considered rather important.

Furthermore, it is recommended to add a checkbox for the ADRs in the software for the patients' management to promote the use of such an activity in the long term. In addition, the QPPV should have access to medical reports and useful data so that thorough and high-standard ADR reports could be provided.

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5PSQ-132 ASSOCIATION BETWEEN ANTICHOLINERGIC BURDEN OF MEDICATIONS AND MORTALITY IN OLDER ADULTS: A SYSTEMATIC REVIEW

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Background Anticholinergic burden of medications has been linked to a number of adverse outcomes in older adults. It has demonstrated a negative impact on health outcomes such as cognitive impairment or falls, and many studies have recently investigated the association with a higher risk of mortality, but findings are contradictory.

Purpose To summarise with a systematic review of the evidence regarding the association between the anticholinergic burden of medications and mortality in older adults.

Material and methods A scientific literature search was conducted to identify all relevant studies published from 2006 until May 2018, without applying language restrictions. Queries of the literature were performed using the electronic databases PubMed (MEDLINE), EMBASE, Web of Science, CENTRAL and PsycINFO. A combination of the following search terms was used: 'aged' AND 'anticholinergic' AND 'mortality'. Studies with any type of design and setting with participants of mean age 65 years or older were included.

Results Two-thousand and twenty-eight different studies were identified, and after a two-step review, 34 were finally included in the systematic review (total 1,142,613 participants, from 71 to 537,387). All of them were observational studies: one case-control study and 33 cohort studies (nine retrospective and 24 prospective). Fourteen different scales were used: Anticholinergic Risk Scale, Drug Burden Index and Anti-Cholinergic Burden Scale were the most commonly used. Thirteen studies were performed in a hospital setting, seven in nursing homes, seven in a community dwelling, four were population-based studies and the rest used mixed populations. Follow-up periods differed from length of hospital stay to 10 years. Eighteen of 34 studies found a significant association between the anticholinergic burden of medications and an increased risk of mortality, in different settings and