leads to the use of parenteral nutrition (NP). It should be noted that this artificial technique involves a large number of complications related to its use (metabolic and mechanical).

Purpose To estimate the prevalence of metabolic and mechanical complications depending on the hospitalisation services requesting total parenteral nutrition (NPT).

Material and methods Descriptive study of the nutritional complications of patients undergoing treatment with NPT in 2015.

Patients older than 18 years who were in full follow-up by the endocrinology or pharmacy service of the hospital were selected.

Mechanical complication is defined as that derived from catheter placement (phlebitis, septic,phlebitis, incorrect catheter placement, involuntary catheter leakage, extravasation, pneumothorax, haemothorax, haemomediastinum and venous thrombosis), and as a metabolic complication that is attributable to an excess or deficit of nutrients (sodium, potassium, calcium, phosphorus, magnesium, glucose, triglycerides and cholestasis).

The main variable of the study was the percentage of metabolic and mechanical complications according to the requesting service.

A descriptive analysis was performed through the percentage (%) for the qualitative ones. In addition, the Chi-square test was used to observe if there were differences between the groups. The analyses were performed using the statistical program SPSS/PC (version 24.0 for Windows, SPSS,Inc., Chicago, IL).

Results NPT was prescribed for 346 patients, of which 140 had some type of nutritional complication. There was at least one type of metabolic complication in 131 patients and at least one type of mechanical complication in 41 patients. Surgical services (n=79) presented 97% of metabolic complications and 21% of mechanical complications; medical services (n=38), 87% of metabolic complications and 42% of mechanical complications; the oncological services (n=18), 100% of metabolic complications and 17% of mechanical complications; and medical-surgical services (n=5), 60% of metabolic complications and 100% of mechanical complications.

Conclusion The hospitalisation service that presented the highest percentage of metabolic complications was oncology.

However, the unit that presented the highest percentage of mechanical complications was the medical-surgical unit.

The differences observed in the services were statistically significant, which means that it would be advisable to perform analytical controls and a closer monitoring of the patients of the medical-surgical and oncological services under treatment with TPN.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-013 ORAL ANTICOAGULANT PRESCRIPTION PRACTICE AFTER AN ISCHAEMIC STROKE

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Background The National Authority for Health (HAS) updated in 2018 its recommendations on the anticoagulation for vascular prevention after ischaemic stroke.

Purpose The objective was to assess and compare oral anticoagulant (OAC) prescriptions to the guidelines in patients hospitalised for ischaemic stroke in a stroke unit.

Material and methods This was an observational retrospective study of OACs prescriptions including Vitamin K antagonist (VKA) and direct-acting oral anticoagulant (DOAC) in patients admitted for ischaemic stroke in a comprehensive stroke centre.

Data on prescribed OAC from January to August 2018 was collected from the electronic inpatient records.

The prescriptions' evaluation was based on indication, dosage and drug interactions for DOAC, and indication and bridging anticoagulation for VKA. The thrombotic risk was quantified using the CHA2DS2-VASC score.

Results The mean age of the 86 included patients was 72.8 ±14.5 years old (49% female). About 69% had an OAC initiation during hospitalisation and 31% was previously treated.

At hospitalisation discharge DOAC were three times more prescribed than VKA (77% versus 23%). DOAC prescriptions of 92% conformed to the guidelines (dosage and no drug interaction). VKA prescriptions could not be evaluated because of ambulatory follow-up.

The main OAC therapeutic indication was a confirmed atrial fibrillation (AF) in 62% patients (mean CHA2DS2-VASC=4.93±1.36). In 21%, AF was suspected, based on an association of factors such as: atrial hyperexcitability (59%), dilated left atrium (47%) and ischaemic stroke background in patients undergoing antiplatelet therapy (23%) (mean theoretical CHA2DS2-VASC=4.82±1.67). The remaining indications for OAC were: patent foramen ovale (PFO) before closure (7%, only DOAC), mechanical heart valve (5%, only VKA) and antiphospholipid syndrome (APS) (2%, only VKA).

Conclusion Even though HAS gave no recommendation concerning OAC prescription in patients with an AF suspicion, neurologists prescribe it to prevent relapse stroke risk due to paroxysmal AF. A Holter monitoring is prescribed after discharge to decide upon the continuation of OAC at the neurologist's follow-up visit. This practice should be investigated further to prove its efficiency.

Concerning mechanical heart valves, neurologists follow the HAS recommendations. For PFO, neurologists use DOAC regardless of the HAS recommendations. No recommendation has been given for APS.

REFERENCES AND/OR ACKNOWLEDGEMENTS

https://www.has-sante.fr/portail/jcms/c_1252051/fr/prevention-vasculaire-apres-un-infarctus-cerebral-ou-un-accident-ischemique-transitoire

No conflict of interest.

4CPS-014 ABSTRACT WITHDRAWN