4CPS-128 LIVER TRANSPLANT AND DIABETES MELLITUS

M Vera Cabrera*, I Plasencia García, A Ferrer Machín, I Gonzalez García, T Betancor García, L Díaz Díaz, R Mesa Exposito, S Hernandez Rojas, K Alvarez Tosco, C Perez Martin, J Merino Alonso. *Hospital Nuestra Señora La Candelaria, Hospital Pharmacy, Santa Cruz of Tenerife, Spain*

10.1136/ejhpharm-2020-eahpconf.229

Background and importance Transplanted patients are at risk of developing post-transplant diabetes as a metabolic complication of immunosuppressive therapy, which results in greater therapeutic complexity.
Aim and objectives To evaluate the percentage of liver transplant patients with diabetes mellitus and the evolution of diabetes after 1 year of transplantation.
Material and methods An observational, descriptive, retrospective study was conducted in liver transplant patients during the period January 2013 to October 2018. The main variables included were the presence or absence of diabetes in the pre-transplant period, immediate post-transplant period and 1 year after the transplant was performed; and the need for insulin use in each of these periods. All patients who died before 1 year after liver transplantation were excluded from the study.
Results During the study period, a total of 179 patients were included, 73.2% were men. Mean age of the patients was 54.8±9.6 years.

Of the 179 patients, 69.8% (n=125) were not diabetic before transplantation, 42.4% developed post-transplant diabetes (n=53) and all were insulin dependent. One year after the transplant, 43.4% (n=23) did not need to continue using insulin. Of the 30.2% (n=54) of patients who were diabetic prior to transplantation, 46.3% (n=25) were not insulin dependent. In 88% of these patients (n=22), post-transplant insulin therapy was necessary and 84% of patients (n=21) continued on insulin therapy 1 year after transplantation.
Conclusion and relevance Liver transplanted patients had a high prevalence of diabetes requiring administration of insulin, which adds greater complexity to the treatment. Post-transplant diabetes is a metabolic complication that appears in the post-transplant period as a result of immunosuppressive treatment in both previously diabetic and non-diabetic patients. Non-insulin dependent diabetic patients are more likely to require insulin 1 year after transplant.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-129 PILOT STUDY TO SURVEY THE ATTITUDE, SUPPLEMENT USE AND STORAGE CONDITIONS OF DRUG PRODUCTS AMONG PATIENTS RECEIVING BIOLOGICAL THERAPY

RG Vida*, A Somogyi-Végh, M Mayer, D Kiss, N Schaadt, R Rajj, B Molnár, L Botz. *University of Pécs Faculty of Pharmacy, Department of Pharmaceutics and Central Clinical Pharmacy, Pécs, Hungary*

10.1136/ejhpharm-2020-eahpconf.230

Background and importance Biological therapies have recently become the cornerstone for the treatment of several dermatological and rheumatological diseases. As compensation for the extra workload associated with it, the system of itemised reimbursement of these products provides hospital pharmacists with a deeper insight and closer involvement in the therapy.
Aim and objectives Our aim was to assess the factors potentially affecting the effectiveness and safety of the therapy, and to become familiar with patient opinions on the drug supply, current form of dispensing and information received.
Material and methods Data were collected through structured personal interviews and review of the medical records. Twenty-six dermatological and 37 rheumatological patients were interviewed at the point of dispensing of the biologics. The survey focused on concomitant drugs and supplementary products (dietary supplements, herbal remedies, etc), patient opinions, and experience and knowledge of biological therapy. In the case of an additional 28 participants, storage conditions at the patients' homes were assessed with a Testo 184 T3 temperature data logger.
Results The 32 women and 31 men who completed the survey had been receiving biological therapy for an average of 6.5 years. There was a switch between biological agents in 21 patients and therapy had been changed twice in 10 patients. The average number of prescribed medicines and supplementary products were 6.6 (1–24) and 2.3 (1–8), respectively. A total of 33 patients (52.4%) used at least one supplementary product. We identified two main topics that patients wanted more information on: side effects and available alternatives in the event of therapeutic failure. Of 28 temperature logs, only 3 remained between 2 and 8°C.
Conclusion and relevance Biological therapies have revolutionised the clinical care of many diseases but because of their costs, it is essential to identify factors that influence therapeutic outcomes. Also, hospital and clinical pharmacists have the opportunity and competence to contribute to the optimisation of therapy. As data on home storage conditions, drug–drug and drug–supplement interactions with monoclonal antibodies are lacking, this pilot study can be the first step towards understanding the importance of these factors and their effect on the safety and effectiveness of the therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-130 ONE IN A MILLION: A TNF RECEPTOR-1 ASSOCIATED SYNDROME RESISTANT TO ANTI-TNF-ALPHA THERAPY

[1]BC Sánchez Lerma*, [2]MÁ Pérez Cruz, [1]Y Hernández Gago, [1]MP González Joyanes, [1]AL García Silva, [1]MA Velaz Suarez. *[1]Hospital Pharmacist, Hospital Pharmacy Department. Complejo Hospitalario Universitario Insular Materno Infantil, Las Palmas De Gran Canaria, Spain; [2]Hospital Pharmacist, Hospital Pharmacy, Complejo Hospitalario Universitario Insular Materno Infantil, Las Palmas De Gran Canaria, Spain*

10.1136/ejhpharm-2020-eahpconf.231

Background and importance Tumour necrosis factor receptor associated periodic syndrome (TRAPS) is a rare disorder with a prevalence of approximately 1 per million. The goal of therapy is prevention of recurrent symptoms and normalisation of inflammatory markers. These patients also have an increased risk of developing amyloidosis. Clinical experience and extrapolation from other autoinflammatory disorders suggest that early institution of biologics can lowers this risk. Historically, antitumour necrosis factor (TNF) therapy (etanercept) was used for patients with frequent and/or severe recurrences and for those with TNF receptor-1 (TNFR1) gene mutations associated with a high risk of amyloidosis.
Aim and objectives To improve evidence about TRAPS refractory to anti-TNFs and its management.