regarding an ideal registration system. This information was used to develop a preliminary version of the classification system, which was further evaluated by major stakeholders (hospitals, universities, government) during a focus group discussion (September 2018). A final version was validated and assessed for interrater reliability in a second nationwide electronic non-Delphi survey (March–April 2019), comprising the classification of DRPs and PIs in 45 theoretical cases. Participants were also asked to score interpretability, user friendliness and user satisfaction.

**Results** Following the literature review, 22 classification systems were identified, all with different categories and numbers of categories. Both the survey and focus group discussion revealed that the use of validated systems is very scant, but desirable in Belgium, with practicality and time investment as the most important characteristics. The final classification system included seven clinical activities, grouped into four activity classes. The most extensive activity class (i.e., medication review) included 29 DRPs and 22 PIs. Forty-four hospital pharmacists participated in the validation study. Interrater reliability was substantial for the DRPs (Fleiss’ k = 0.731) and PIs (Fleiss’ k = 0.784). The classification system was found to be user friendly, with good interpretability and user satisfaction, resulting in a very high interest to use our system in daily practice.

**Conclusion and relevance** A classification system, adapted to Belgian clinical pharmacy activities, was developed and validated, and was well received by hospital pharmacists. The final version will be promoted at different levels for use in daily practice.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**4CPS-169**

**EFFECT OF ABLIRATONE VERSUS ENZALUTAMIDE ON PROSTATE SPECIFIC ANTIGEN LEVELS IN METASTATIC CASTRATION RESISTANT PROSTATE CANCER**

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**Background and importance** Enzalutamide (ENZ) and abiraterone (AA) are two drugs that have been shown to improve survival in patients diagnosed with metastatic castration resistant prostate cancer (CRPCm). There are no direct comparison studies of these two drugs, so comparative analyses may help therapeutic positioning.

**Aim and objectives** To evaluate the response of both drugs, measured as an early decrease in prostate specific antigen (PSA) levels, in CRPCm patients.

**Material and methods** A prospective study was carried out in a third level hospital in which all patients diagnosed with CRPCm receiving treatment with AA and ENZ as firstline therapy were included. The characteristics of the patients and the necessary clinical data were obtained from the electronic medical records. To evaluate the progression of PSA levels, their absolute variation was determined at 3 (VPSA3) and 6 (VPSA6) months from the beginning of treatment. Differences between the baseline characteristics of both groups of patients were evaluated using a Student’s t test. The same type of statistical analysis was used to study significant differences between AA and ENZ with respect to VPSA3 and VPSA6.

**Results** In this study, 42 patients were included (mean age 78.3 years (66–92)), all with a Gleason score ≥7; 40.5% (n=17) of patients were treated with AA and 59.5% (n=25) with ENZ. No differences were observed between the two groups in their baseline characteristics: mean age 76.2 versus 79.8 years (p=0.054); mean PSA levels before initiation of AA were 32.9 ng/mL versus 59.0 ng/mL with ENZ (p=0.51). VPSA3 was higher in the group of patients treated with ENZ (∆-45.3 ng/mL) than in the AA group (+25.9 ng/mL, p=0.04). No differences were observed between groups for VPSA6 (AA versus ENZ: +28.1 ng/mL vs –10 ng/mL; p=0.23).

**Conclusion and relevance** As described in previous studies, an early decrease (3 months) in PSA levels was greater in ENZ treated CRPCm patients. However, these differences in biochemical response were equal after 6 months of treatment. Although these results, to date, have not been correlated with effects on progression free survival or overall survival of patients, this effect could position ENZ as the therapeutic alternative in situations that require a rapid response.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**4CPS-170**

**ANALYSIS AND EVALUATION OF PHARMACEUTICAL INTERVENTIONS PERFORMED IN THE EMERGENCY DEPARTMENT OF A TERTIARY HOSPITAL**

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**Background and importance** Prescription in the emergency department (ED) is compromised by multiple causes which could lead to a higher risk of medication errors.

**Aim and objectives** To compare and analyse pharmaceutical interventions (PIs) performed in frail patients (FP) with those performed in the rest of the patients (ROP).

**Material and methods** A prospective interventional study (January 2019–June 2019) was conducted in a tertiary hospital. A medical reconciliation was made daily using electronic prescriptions (EP) of patients own drugs and ED treatment of all patients admitted. FP (defined by their primary care physician) were also personally interviewed.

Electronic medical history was consulted to evaluate current treatment and to collect demographic data. PIs were performed electronically in ROP and discussed personally with the clinician in charge of FP. PIs were categorised. The rate of medical acceptance was evaluated. Drugs were classified as high risk drugs (HRD), potentially inappropriate drugs in the elderly (PID) and other.

**Results** We included 418 patients: 61 in the FP group (mean age 78.8 years (SD=10.4), 55.7% men) and 357 in the ROP group (mean age 76.4 years (SD=13.5), 50.0% men).