

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 (ie, 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' $\kappa=0.731$) and PIs (Fleiss' $\kappa=0.784$). 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

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4CPS-169 EFFECT OF ABIRATERONE 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. The study was authorised by the Committee on Ethics of Drug Research (CEIm) of the centre of reference (code GNC-ABI-2017-01).

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

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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).

In the FP group, 188 PIs were registered (mean interventions/patient 3.1 (DE 2.3)): 43.6% were medical reconciliation errors, 16.5% were to discontinue a prescription (DP), 11.2% were omission of a drug in the acute treatment (ODAT) and 12.7% were other reasons. A total of 22.3% of the interventions were made in HRD (85.7% accepted) and 12.2% in PID (73.9% accepted).

In the ROP group, 370 PIs were registered (mean interventions/patient 1.25 (DE 0.6)): 29.5% were incorrect dose, 18.1% were medical reconciliation errors, 14.7% were exchange of a drug was proposed, 7.8% were adjustment to renal function, 5.4% were DP, 5.1% were ODAT and 19.4% were other. A total of 19.5% of interventions were done in HRD (75.0% accepted) and 11.4% in PID (40.5% accepted).

The approval rates for FP and ROP were 80.9% and 69%, respectively. Results were presented to the hospital's security commission. Six security measurements were accepted and implemented, two related to HRD (insulin and anticoagulants).

Conclusion and relevance The high rates of acceptance of the PIs showed that the integration of the pharmacist in the multidisciplinary ED team improved the safety of the prescriptions, especially when the pharmacist was physically present.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-171 PHARMACISTS AT THE HEALTH CENTRE

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Background and importance The drug department in the region of Kronoberg in the south of Sweden was assigned to investigate the participation of pharmacists in primary care to increase patient safety.

Aim and objectives The aim of the study was to establish a model for pharmacists at the healthcare centre whose purpose was to improve drug follow-up, get more skilled patients and ease the work for doctors and nurses.

Material and methods Two pharmacists visited one health centre each 1 day a week during the period October 2016–June 2017. Patients ≥ 75 years receiving ≥ 5 drugs were included in the study by a nurse. The pharmacists met the patients for 30 min for medication reconciliation and information. After the visit the pharmacist did the medication review and documented drug related problems in the journal, including proposals to the doctor to optimise the medication. The model was evaluated by patients, nurses and doctors in two different surveys.

Results In total, the pharmacists analysed the medication for 116 patients: 81 of 106 patients (76%) answered the survey and 90% were satisfied or quite satisfied with the meeting with the pharmacist. Most of the patients experienced better knowledge about their medication after they met the pharmacist. Among other things, they appreciated the extra time for medication discussions, the possibility to get their questions answered and they felt safer in their medication.

Thirteen doctors and four nurses answered the survey. Most of the doctors were satisfied to cooperate with the pharmacist and to have the pharmacist as a support to optimise their prescribing. Most of the doctors thought that the time they usually spent on reading the journal, reading the drug

list and doing the medication reconciliation decreased or was the same. Most doctors and nurses (70%) wanted access to pharmacists in the future; 30% answered “do not know”.

Conclusion and relevance The study has contributed to improve drug follow-up and more skilled patients. It has also contributed to ease the work for doctors and nurses, in terms of both time and quality. The evaluated model can be applied to other health centres in the region of Kronoberg in Sweden.

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4CPS-172 OFF-LABEL USE OF INTRALESIONAL CIDOFOVIR IN RECURRENT RESPIRATORY PAPILLOMATOSIS: A CASE REPORT

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Background and importance Recurrent respiratory papillomatosis (RRP) is a rare disease that predominantly affects the larynx and trachea, but it can spread to any other part of the respiratory tract. The aetiological agent of RRP is human papilloma virus types 6 and 11. Treatment options in RRP include surgical excision and adjuvant antiviral drug administration.

Aim and objectives To describe the preparation of intralesional cidofovir as a magistral formula and its clinical effect in a patient with RRP.

Material and methods We performed a descriptive study of RRP in a 3-year-old child with dysphonia since birth. Papillomatous lesions were located on the vocal folds and the laryngeal surface of the epiglottis. The patient underwent a surgical intervention in September and November 2018. In January 2019, due to new recurrence, physicians decided to start treatment with 5 mg/mL intralesional cidofovir, one injection of 10 mg every 2 weeks.

Results The preparation was prepared taking 0.2 mL (15 mg) from the commercial presentation and filling it with physiological saline solution to obtain a final volume of 3 mL, resulting in a 5 mg/mL concentration. The mixture was prepared in a vertical laminar flow hood and aseptically filled into luer lock syringes, each one containing 1 mL, and the rest of the mixture was thrown out. The preparation was kept in cold storage (2–8°C). The shelf life of the prefilled syringes for intralesional administration was limited to 24 hours in order to minimise the risk of microbial contamination.

The patient received six injections of cidofovir from February to May 2019. The child presented good tolerance without reduction of lesions and symptoms, despite a slight dose increase in the last injection. After failure of intralesional cidofovir, the patient started adjuvant treatment with alpha-2b-interferon and indole-3-carbinol in order to decrease the frequency of papilloma recurrence and reduce the number of surgeries required.

Conclusion and relevance The formulation was simple, and it did not take a long time to prepare. However, in our case, intralesional cidofovir administration did not seem to be an effective treatment of RRP, although there is evidence available suggesting otherwise.