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

No conflict of interest.

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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

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.