An association between nausea and alcoholism (p=0.06), diarrhoea and diabetes mellitus (p=0.03), age (p=0.02) and treatment duration (p=0.01) was found. Furthermore, a relationship between vomiting and female gender (p=0.016) and smoking (p=0.017) was observed.

No significant association was found between toxicity and the MTHFR 1298 and ABCB1 C3435T polymorphisms examined.

Conclusion and relevance In conclusion, gastrointestinal toxicity events were associated with alcoholism, diabetes mellitus, age, treatment duration, female gender and smoking. No significant association was found between toxicity and the SNPs examined.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

Background and importance Elderly patients are fragile and often polymedicated. These characteristics, added to an oncologic process, could generate an increased risk of adverse effects of drugs.

Aim and objectives The aim of this study was to identify potentially inappropriate medications (PIM) in oncological elderly patients treated with oral chemotherapy dispensed at the hospital pharmacy.

Material and methods This was a 6 week observational, cross sectional study. PIM included inappropriate drugs in the elderly population, clinically relevant interactions, opportunities for de-prescription, duplicity, contraindications and other necessary pharmacological dose adjustments. All outpatients treated with active antineoplastic oral drugs provided by the hospital pharmacy service during that period were included. The inclusion criteria were: age >60 years and polypharmacy with more than six drugs. Unified medication order (UMO) was used to identify the patient’s chronic medication. UMO joins specialised and primary prescriptions into a single visual screen for both attention levels. Check the Meds (V.3.6.0) is a software programme that facilitates optimisation of drug therapy, reviewing each treatment globally. It can also include patient dependent variables. A combination of both tools, UMO and Check-the-meds, was used to review completed prescription orders. All variables are described as number (percentage).

Results A total of 26 patients were analysed and 65.3% were men. Mean age was 72.69 years (60-90). Most common tumour location was colorectal (53.7%), prostate (19.23%) and both breast and lung cancer (11.5%). The prevalence of polypharmacy was 66.66% in those >60 years. The mean number of medicines was 10.15 (6-16). A total of 264 prescriptions were assessed. In 65% (172) some type of potentially inappropriate drug was identified according to the following distribution: 41.86% treatment duration, 33.14% proposed de-prescriptions, 8.14% clinically significant interactions and 16.86% related to out of range doses, duplicity or contraindication.

In 12 patients (46%), 14 clinically relevant interactions were identified. In 8 patients (57%), antineoplastic treatment was involved. In 88% of cases this medicine was metamizol. In the other relevant interactions, anti-inflammatory drugs were responsible for 66%.

Conclusion and relevance Technological tools improved the safety of pharmacotherapy in elderly oncological patients. It is necessary to reconsider the usefulness of metamizol based on its unfavourable safety profile, even more so as it is not available in Europe, apart from Spain.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.