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.

5PSQ-066 ANALYSIS OF POTENTIALLY INAPPROPRIATE MEDICATIONS IN ELDERLY ONCOLOGIC PATIENTS BY THE CHECK THE MEDS APP

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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 (V3.6.0) 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

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5PSQ-067 SAFETY PROFILE OF PIRFENIDONE AND NINTEDANIB IN A REAL LIFE SETTING: ASSESSMENT OF SUSPECTED ADVERSE DRUG REACTIONS IN THE EMILIA ROMAGNA REGION, ITALY

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Background and importance Idiopathic pulmonary fibrosis (IPF) is a progressive and fatal form of fibrosing interstitial pneumonia with a poor prognosis, characterised by a decline in lung function, reduction in forced vital capacity (FVC), and worsening of dyspnoea and quality of life. Pirfenidone and nintedanib are the only two drugs with antifibrotic effects approved for the treatment of IPF. They both block the receptors of profibrotic growth factors, such as vascular endothelial growth factor (VEGF), platelet derived growth factor (PDGF) and fibroblast growth factor (FGF). Because of their critical safety profile, many patients are forced to have dose reductions or treatment interruption to manage side effects such as gastrointestinal disorders (diarrhoea, nausea and vomiting), bleeding (epistaxis and contusions), liver enzyme elevation, rash and photosensitivity.

Aim and objectives The aim of this study was to evaluate the safety profile of pirfenidone and nintedanib in the real life setting of the Emilia-Romagna region (RER), Italy.

Material and methods We examined all spontaneous adverse drug reaction (ADR) reports for pirfenidone and nintedanib entered into the National Pharmacovigilance Network by RER healthcare professionals and patients from January 2016 to December 2018 and combined these records with consumption data. We compared the ADR/DDDs ratio of the two drugs and characterised the type and rate of ADRs.

Results From January 2016 to December 2018, we found 22 ADR reports for pirfenidone and 19 for nintedanib, with an ADR/DDDs ratio of 1.44 and 8.61, respectively. The most frequent ADRs reported were photosensitivity reactions (50%) for pirfenidone and gastrointestinal disorders (53%) for nintedanib; the rate of hepatotoxicity was similar between the two drugs (18% and 16%, respectively). Three records (16%) about nintedanib concerned lack of efficacy.

Conclusion and relevance Our results showed that nintedanib had a worse safety profile than pirfenidone, even though the reporting rate is higher in the first years of marketing and pirfenidone has been on the market for longer. The safety