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 (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

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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

profile of the two drugs in a real life setting appeared similar to that found in clinical trials, in terms of both incidence and type of ADRs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-068 INCIDENCE OF FUNGAL INFECTIONS IN PATIENTS TREATED WITH IXEKIZUMAB

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Background and importance IL-17 mediated immunity is essential for the protection of skin and mucous membranes against fungal infections. Candida infections have been reported in pivotal trials of antibody agents against IL-17, such as ixekizumab. However, there is little evidence in real world patients.

Aim and objectives To evaluate the incidence of candida infection in adults treated with ixekizumab.

Material and methods A retrospective observational study was conducted in patients treated with ixekizumab from January 2017 to December 2018 in a third level hospital. Data collected were demographics, indication, previous therapies, ixekizumab treatment duration, amount of candidiasis risk factors (>65 years, obesity, DM2), number of patients who developed candidiasis and duration of treatment before developing candidiasis. Data were obtained from clinical charts and the electronic prescription programme.

Results During the study period, 45 patients were treated with ixekizumab. Mean age was 48 years (range 19–73) and 34 were men. Thirty-three patients had a diagnosis of psoriasis and 12 had a diagnosis of psoriatic arthritis: 32 patients had previously received phototherapy, 40 topical treatment and 33 biologic therapy. The mean duration of treatment with ixekizumab was 43 weeks (range 8–121 weeks).

Over half of the patients (23/45) presented risk factors: 21 were obese (body mass index >30), 4 were diabetic and 5 were aged >65 years. Three patients developed oral candidiasis after 29 weeks, 25 weeks and 43 weeks after starting ixekizumab treatment. Two of them presented risk factors associated with candida infections (one was 73 years old, obese and diabetic; the other was 69 years old with no other comorbidities). No patient was required to discontinue ixekizumab treatment. All candidiasis episodes were resolved with conventional antifungal treatment.

Conclusion and relevance Compared with the ixekizumab pivotal trials (UNCOVER trials) the incidence of candida infection was found to be slightly increased in real world patients (3.3% vs 6.6%). Further studies are necessary for a more comprehensive evaluation of the risk of candidiasis. Patients undergoing such treatment should be monitored for fungal infections and treated as necessary.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Saunte DM, Mrowietz U, Puig L, Zachariae C. Candida infections in patients with psoriasis and psoriatic arthritis treated with interleukin-17 inhibitors and their practical management. *Br J Dermatol* 2017;**177**:47–62.

No conflict of interest.

5PSQ-069 CONCOMITANT PRESCRIPTION OF DRUGS FOR OSTEOPOROSIS AND MEDICATION THAT INCREASE THE RISK OF FALLS

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Background and importance Fractures are the most common injuries seen after a fall. Falls among the older population are associated with a high morbidity and mortality. The aetiology of falls is usually multifactorial and the use of several types of drugs has been associated with an increased fall risk. As drugs are a modifiable risk factor, periodic drug review and eventual withdrawal of drug related falls could be a possible strategy to prevent falls in older people.

Aim and objectives The aim of the study was to analyse the proportion of patients who were treated for osteoporosis and were taking, concomitantly, any drug that increased the risk of falls.

Material and methods A retrospective observational study was conducted in three primary care centres covering a population of 97 722 people. Study population: patients with a prescription of any drug for osteoporosis. Data collected were age, gender, drugs for osteoporosis treatment and drugs that had a medium or high fall risk.

Results A total of 1594 patients were treated with drugs for osteoporosis: 91.5% were women, median age was 72.4 (SD 10.6) years. Drugs for osteoporosis prescribed were: alendronate (62.7%), denosumab (15.5%), alendronic acid+colecalciferol (6.2%), risedronate (6.2%), ibandronate (3.5%), raloxifene (3.0%), teriparatide (1.8%), bazedoxifene (1.0%) and etidronate (0.1%).

We found that 69.1% of patients had an active prescription of a drug that increased the risk of falls: 38.5% of patients had one drug concomitantly prescribed; 30.5% two; 17.9% three; 8.7% four; and 4.4% five or more.

The most prescribed drugs related to falls were (expressed as per cent of prescriptions): anxiolytics (N05B) (21.2%), antidepressants (N06A) (19.5%), high risk antihypertensives (beta-blockers (C07A) (9.2%) and angiotensin convertor enzyme inhibitors (C09A) (8.9%)), opioid analgesics (N02A) (8.3%), medium risk antihypertensives (calcium antagonists (C08C) (7.4%) and angiotensin II receptor antagonists (C09C) (5.5%)), antihypertensives combined with diuretics (C09C, C09B) (7.3%), hypnotics and sedatives (N05C) (5.4%) and antiepileptics considered as high or medium risk (valproic acid, carbamazepine, clonazepam, phenytoin, phenobarbital and gabapentin) (3.7%).

Conclusion and relevance Concomitant prescription of drugs for osteoporosis and drugs that increase the risk of falls is common. Periodic drug review is required to reassess the necessity of continuing drugs that contribute to the risk of falls in patients treated for osteoporosis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.