extremely dangerous and on target. Pharmacists should manage CRS by ensuring the supply of tocilizumab, a monoclonal antibody against interleukin 6 indicated as an antidote, or by using situximab, off-label.

**Results** Currently, six patients are being treated with CAR-T cell therapy and safety outcomes are ongoing. All have had CRS reactions and received tocilizumab.

**Conclusion and relevance** Based on these results, the immediate availability of antidote and timely treatment of CRS reactions (mandatory activity for the pharmacist) is necessary to ensure the therapeutic and safety benefits for patients. The study shows the essential role of the pharmacist in covering the risks of this type of therapy and in reducing the seriousness of side effects in an innovative therapy such as CAR-T cells.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**PSQ-091** ANALYSIS OF POTENTIALLY INAPPROPRIATE MEDICATIONS IN CHRONIC COMPLEX PATIENTS AND IN PATIENTS WITH ADVANCED CHRONIC DISEASE IN THE EMERGENCY DEPARTMENT

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**Background and importance** The aging of the population implies a growing prevalence of chronic diseases and polypharmacy as well as drug related problems (DRP). Elderly patients have complex care needs that are difficult to carry out in the emergency department (ED) which may entail an increase in potentially inappropriate medications (PIM).

**Aim and objectives** To detect PIM in chronic complex patients (CCP) and in patients with advanced chronic disease (ACD) after a stay in the ED.

**Material and methods** A retrospective observational study was conducted in November 2018 in an ED of a second level hospital. Variables recorded were demographic data, cause of admission, CCP/ACD and treatment before/after the stay in the ED. STOPP-START criteria and the criteria of Chronicity Prevention and Care Programme (PPAC) of the Department of Pharmacy and Pharmaceutical Technology and Physical Chemistry, Barcelona, Spain; Hospital General De Granollers, Pharmacy Department, Granollers, Spain

**Results** One hundred patients (50.9% men) were included with a mean age of 80.6±11.3 years: 84.7% were CCP and 15.3% had ACD. In CCP, 83.9% were seen within 4 weeks and 16.1% in ACD. The main reasons for admission to the ED was acute bronchitis and low back pain. The average number of drugs prescribed per patient was 9.6 (3–18).

In this study, 242 PIM were detected in 90 patients (83.9% in CCP; 16.1% in ACD), an average of 2.7±1.4 per patient. Three quarters of PIM were because of chronic treatment. Thirty-six PIM were detected with the PPAC criteria, the most prevalent was ‘09: benzodiazepines and other hypnotics for ≥6 months’; 51 were START criteria (the most frequent being ‘SA 6: ACEI in well documented heart failure’) and 128 STOPP critical (the main criterion being ‘SD 5: Benzodiazepines for ≥4 weeks’).

The PIM of 14 patients may have been related to the cause of admission to the ED, in particular due to falls and fractures. All had drug related falls prescribed in their chronic treatment.