REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest Corporate sponsored research or other substantive relationships: I supervise a PhD student who is part funded by a supplier of a commercial electronic prescribing system.

5PSQ-094 HOW CAN PATIENT HELD INFORMATION ABOUT MEDICATION IMPROVE PATIENT SAFETY?

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Background and importance Studies suggest that in the hospital setting, prescribing errors are most common at admission, largely due to challenges of medication reconciliation. Problems are also common following transfer from hospital into the community and when attending outpatient appointments. Many patients who take medications use patient held information about medication (PHIMed) to improve transfer of medication related information across care settings. However, it is not known how PHIMed is used in practice and the extent to which PHIMed tools available meet the needs of patients and healthcare professionals. Discussion with patients and carers highlighted this as a priority for research.

Aim and objectives To identify how PHIMed is used in practice, barriers and facilitators to its use, and its role in supporting medication safety.

Material and methods We used a mixed methods design comprising two focus groups with patients and carers, 16 semi-structured interviews with healthcare professionals, 60 semi-structured interviews with PHIMed users, a quantitative features analysis of PHIMed solutions available in the UK and usability testing of four PHIMed tools. Participants were identified and recruited in Greater London in 2018, using advertisements on social media, our professional networks and face to face recruitment in outpatient clinics. Findings were triangulated using thematic analysis using distributed cognition for teamwork (DiCoT) models as sensitising concepts. NHS ethics approval was obtained.

Results We found that PHIMed was viewed positively by patients and carers using it and healthcare professionals. We identified a wide range of mechanisms through PHIMed improved medication safety, such as identification of potential drug interactions. However, a key barrier to use was lack of awareness by patients and carers that healthcare information systems are often fragmented, which meant that they had not identified a need for PHIMed. Different PHIMed tools met different needs, with no 'one size fits all' solution. No tools currently meet the core needs of all users.

Conclusion and relevance Healthcare professionals should raise awareness among patients and carers of the potential safety benefits of carrying and using PHIMed, encourage its use during consultations and be able to signpost to some of the tools and features available. PHIMed tool developers should modify their tools in order to meet all core user requirements.

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No conflict of interest.

5PSQ-095 ANALYSIS OF THE TOXICITIES ASSOCIATED WITH TYROSINE KINASE INHIBITORS IN PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

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Background and importance Pharmacological toxicity management of tyrosine kinase inhibitor (TKI) use is important in the setting of chronic use in chronic myeloid leukaemia (CML) patients.

Aim and objectives The aim of this study was to describe TKI toxicity in patients diagnosed with CML.

Material and methods This was a retrospective study of patients with CML treated in our hospital with TKIs from June 2010 to July 2019. We collected data on TKIs prescribed, treatment line, toxicities (haematological (TH)/non-haematological (NHT)) according to CTCAE V.5 and time of occurrence, demographic data, Charlson index, Sokal index, concomitant medication, molecular response and dose modifications/discontinuations.

Results A total of 37 patients (19/37 women, median age 59 years (33–89)) were included. The median Charlson index was 2 (0–8). The Sokal index at diagnosis (23/37) was: low (14), medium (6) and high (3). Patients had a median of 4 (0–12) drug prescriptions.

At the time of data analysis, the pattern of TKI prescriptions was: imatinib (23/37), dasatinib (4/37) and nilotinib (3/37) as firstline treatment; and imatinib (4/37), dasatinib (12/37), nilotinib (4/37), bosutinib (2/37) and ponatinib (1/37) as second or subsequent lines of treatment. When the data were collected, 18 patients achieved a deep molecular response (12/37 imatinib and 3/37 nilotinib).

Abstract 5PSQ-095 Table 1

		Imatinib	Dasatinib	Nilotinib
Anaemia	G1/G2	6	4	0
	G3	2	1	0
Thrombocytopenia	G1/G2	4	1	1
	G3	0	1	0
Neutropenia	G1/G2	0	2	0
	G3	0	1	0

Abstract 5PSQ-095 Table 2

		Imatinib	Dasatinib	Nilotinib	Bosutinib	Ponatinib
Diarrhoea	G1/G2	10	3	1	1	1
	G3	1	1	0	0	0
Oedema		9	5	0	0	0
Pleural effusion		0	4	0	0	0
Fatigue		10	6	0	2	1
Musculoskeletal pain		6	0	2	0	0
Fever		12	5	2	1	0
Hypertension		1	0	0	0	0
Cephalea		4	0	0	0	0
Nausea/vomiting		13	2	0	2	0