5PSQ-098 ALLERGIES AND INTOLERANCES: AN OPPORTUNITY FOR IMPROVEMENT

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Background and importance In 2014, the Institute of Safe Medication Practice published a bulletin that showed the importance of drug hypersensitivity reactions. Pharmacy services could contribute to identify and avoid allergic reactions in patients.

Aim and objectives To evaluate the allergies and intolerances register system, the level of acceptance of pharmaceutical interventions and to determine the most frequent pharmacological groups that cause allergies.

Material and methods A prospective study was conducted of allergies and intolerances registered in the medical history and prescription programme in a cohort of inpatients during the study period. Phase 1 (October 2018) was observational and included a situation analysis, except for a safety intervention if the patient was at risk. During phase 2 (November–December 2018), allergies/intolerances registered only in the medical history were identified and pharmacists informed the prescribers.

Results Phase 1 included 374 patients, 60 (16%) with some allergy. In total, 71 allergies were described in the medical history but only 27% appeared in the prescription programme. A drug with allergy known was prescribed in 4 patients.

Phase 2 included 1039 patients, 136 (13%) with allergies and 32 (3%) with intolerances. Of 232 allergies and 41 intolerances described, only 37% and 7%, respectively, were registered in the prescription programme. Drugs with allergies or intolerances prescribed were found in 7 and 3 patients, respectively. After pharmacist interventions, only 23% were approved and registered by the physician. Medical services registered 31% of allergies versus 49% in the surgical services. Anti-infectives and CNS drugs reached 66% of the total allergies.

Conclusion and relevance Most interventions (77%) were not accepted and not registered in the prescription programme. Surgical services registered more allergies than medical services. Drug administration was avoided in 11 patients with allergies due to pharmacist intervention. Anti-infectives and CNS drugs were the groups involved more frequently in allergies. Promotion of the allergies/intolerances register is needed to avoid erroneous administration in allergic patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-099 POTENTIALLY INADEQUATE MEDICATION DETECTED DIFFERENTLY BY PRISCUS, FORTA OR EU(7)-PIM IS ASSOCIATED WITH REDUCED COGNITIVE FUNCTION IN MULTIMORBID ELDERLY PATIENTS

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Background and importance The population aged ≥ 65 years suffers multimorbidity associated with increasing use of potentially inappropriate medications (PIM). MultiCare, a longitudinal cohort study, collected data (eg, socioeconomic status, morbidities, drugs and risk factors) on 3189 multimorbid, elderly (65–85 years) patients in primary care in Germany.

Aim and objectives The aim was to compare three different PIM lists and to show the effect of PIM use on cognitive function in multimorbid elderly patients.

Material and methods Prescribed and over the counter drugs were classified using PRISCUS, FORTA (fit for the aged) and EU(7)-PIM lists. To measure cognitive function, patients performed a letter digit substitution test. A mixed effect maximum likelihood regression was performed to calculate the influence of PIM (all three lists separately) on the cognitive function of patients.

Results Patients were treated with 936 PRISCUS PIM (mean 0.3 ± 0.58 per patient), 2152 FORTA PIM (0.9 ± 1.03) and 4311 EU(7)-PIM (1.4 ± 1.29). The most common PRISCUS PIM was amitriptyline (2.8%), the most common FORTA PIM was phenprocoumon (13.8%) and the most common EU(7)-PIM was omeprazole (14.0%). In patients who used seven drugs or more, significantly more PIM according to all three lists were detected. Older age (patients ≥ 80 years) was associated with increased use of PIM according to FORTA and PRISCUS ($p=0.0052$, $p=0.0001$). The three lists rated PIM differently, with an overall overlap of 6.6% and 18.2% (EU (7)-PIM and FORTA PIM), 9.7% (EU(7)-PIM and PRISCUS PIM) and 0.2% (FORTA and PRISCUS PIM) between two lists. The increased use of PIM was significantly associated with reduced cognitive function (all PIM lists $p \leq 0.0001$). This association was detected with a correlation coefficient of -0.72 for PRISCUS PIM, -0.60 for FORTA PIM and -0.44 for EU(7)-PIM.

Conclusion and relevance Polypharmacy was identified as a risk factor for the use of PIM. The connection of decreased cognitive function and the use of PIM underlines the importance of reducing the amount of PIM in multimorbid elderly patients.

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5PSQ-100 COMPARATIVE ANALYSIS OF THE SAFETY AND TOLERABILITY PROFILE OF PIRFENIDONE AND NINTEDANIB IN THE TREATMENT OF IDIOPATHIC PULMONARY FIBROSIS

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Background and importance The main treatments for idiopathic pulmonary fibrosis are pirfenidone and nintedanib. Although their efficacy is known, further studies are needed to evaluate the safety and tolerability profiles (STPs) based on real world data.

Aim and objectives The aim of this study was to evaluate the STP of nintedanib and pirfenidone according to our hospital data.