ALLERGIES AND INTOLERANCES: AN OPPORTUNITY FOR IMPROVEMENT


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 accepted and not registered in the prescription programme. Drugs with allergies or intolerances described, only 37% and 7%, respectively, were registered in the prescription programme. In total, 71 allergies were described in the medical history and only 27% appeared in the prescription programme. A drug with allergy known was prescribed in 4 patients.

Conclusion and relevance Most interventions (77%) were not accepted and not registered in the prescription programme. Surgical services registered 31% of allergies versus 49% in the surgical services. Anti-infectives and CNS drugs reached 66% of the total allergies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

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 multimorbib 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 amitropyline (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 PIM FORTA), 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≤0.0001).

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 multimorbib elderly patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

COMPARATIVE ANALYSIS OF THE SAFETY AND TOLERABILITY PROFILE OF PIRFENIDONE AND NINTEDANIB IN THE TREATMENT OF IDIOPATHIC PULMONARY FIBROSIS

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

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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.
Material and methods We analysed 148 patients treated with pirfenidone (72% men; 28% women) and 120 treated with nintedanib (77% men; 23% women) from September 2016 to September 2019. The average age of the patients treated with pirfenidone and nintedanib was 72.7 and 74.4 years, respectively. Drug tolerability was compared by a Student’s t test considering the average number of days of treatment (DOT) for patients who started the therapy since September 2016 (n=88 pirfenidone; n=120 nintedanib). The safety of the two treatments was compared by analysing the adverse drug reactions (ADRs) reported. ADRs were classified as: nausea/vomiting (NV), diarrhoea, rash, weight loss (WL) and non-specific gastrointestinal disturbance (nsGID). We also considered the type of action taken (interruption, reduction of dosage) and compared the frequencies using a χ² test.

Results The Student’s t test showed no statistically significant difference in the average DOT between the two treatments (t=0.9803, df=206, p=0.3281). We detected 30 ADRs in 148 patients treated with pirfenidone (4 of which were severe) and 66 in 120 patients treated with nintedanib (1 severe). Nintedanib showed a greater percentage of ADRs at the gastrointestinal level (NV 18%, diarrhoea 42%, WL 23%, nsGID 39%) compared with pirfenidone (NV 17%, diarrhoea 7%, WL 13%, nsGID 20%). Pirfenidone instead showed a greater percentage of rash (43%) compared with nintedanib (8%). The χ² test carried out on type of action taken showed a statistically significant difference in the distribution of patients who suspended or reduced the dosage for the two drugs (χ² (96)=9.329, p=0.0023, df=1). Nintedanib showed a higher percentage of patients who reduced the dosage (70%) compared with pirfenidone (37%), probably due to the different dosage titrations. The percentage of patients who suspended therapy was higher for pirfenidone (63%) than for nintedanib (30%).

Conclusion and relevance Although the tolerability of the drugs was comparable, nintedanib showed a higher incidence of ADRs compared with pirfenidone but with a lower severity.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-102 AMBULATORY SUBCUTANEOUS BIOLOGIC THERAPY OPTIMISATION IN RHEUMATOLOGY: IMPLEMENTATION OVER TIME

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Background and importance Biologic treatment optimisation (BTO) consists of reducing the dose and/or increasing the interval between doses in patients who have maintained their therapeutic goal for at least 6 months. In 2013, our hospital created a BTO protocol for chronic inflammatory arthropathies, based on the consensus established between the Spanish Rheumatology Society and the Hospital Pharmacy Society. Aim and objectives To analyse the percentage development of BTO for subcutaneous biologic therapy (SBT) in patients with chronic inflammatory arthropathies, and to determine the drugs involved after implementation of the protocol. Material and methods This was an observational retrospective study comparing patients with chronic inflammatory arthropathies being treated with SBT and BTO in 2016 and 2019. Optimisation was defined as any prescription with a lower dose or a longer administration interval than usual. Variables measured were number of patients being treated with SBT, optimisation percentage (patients with optimised prescriptions/patients treated) and optimisation percentage for each drug...