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 χ^2 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 χ^2 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 (χ^2 (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-101 DRUG–DRUG INTERACTIONS AND POTENTIALLY RELATED ADVERSE CLINICAL EVENTS IN PATIENTS WITH CARDIOVASCULAR DISEASES

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Background and importance Several studies have estimated that about 60% of patients present at least one potential drug–drug interaction (DDI) at discharge. Considering that DDIs are predictable, a review of DDIs conducted by pharmacists and physicians would be ideal.

Aim and objectives The aim of this analysis was to measure the frequency and nature of DDIs in a cardiovascular unit and investigate whether any adverse events after discharge could be associated with these DDIs.

Material and methods This was an observational retrospective study involving patients discharged between December 2016 and December 2017. The discharge medication list within the electronic medical record was used to determine the presence of moderate or severe DDIs at discharge. To check if any adverse events were associated with DDIs, we reviewed the causes of each hospitalisation or access to the emergency department (ED) within 3 months after discharge.

Results Among 2715 patients screened, 624 (23%) were exposed to at least one potential DDI. A total of 1108 DDIs were recorded, 834 (75.3%) were classified as moderate and 274 (24.7%) as severe. The median number of DDIs per patient was 1.8 (range 1–11). The most frequent severe interaction was the combination of some selective serotonin reuptake inhibitors and furosemide (38%). Among the most frequent moderate interactions, we registered an association between warfarin and acetylsalicylic acid (10.2%). Of the 624 patients with at least one DDI, follow-up data were available for 593 (95.0%). Among them, 144 (24.3%) had at least one adverse clinical event within 3 months after discharge. A total of 212 events were recorded (hospitalisations=179; ED attendance=33). For approximately 12% of these events, the cause of hospitalisation or ED attendance was potentially associated with a DDI.

Conclusion and relevance From this analysis it emerged that a remarkable number of patients had been discharged with at least one DDI and a considerable portion of the included patients might have experienced an adverse event due to these DDIs. The next step will be the involvement of a clinical pharmacist within a multidisciplinary team to highlight to the physician any potential DDIs before discharge and minimise the occurrence of their related risk.

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