it cannot be ruled out that the differences were due to differences in the profile of the patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

Section 6: Education and Research

6ER-001 PCSK9 INHIBITORS: VARIATION IN THE LIPID PROFILE IN A REAL WORLD SETTING

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10.1136/ejhpharm-2020-eahpconf.436

Background and importance The proprotein convertase subtilisin kexin type 9 inhibitors (PCSK9i), evolocumab and alirocumab, approved by the European Medicines Agency in 2015, are a new approach in obtaining a large reduction in serum low density lipoprotein cholesterol (LDL-C), which is traditionally linked to cardiovascular events.
Aim and objectives This study was conducted to shed light on the variation in lipid profile of patients treated with PCSK9i, in a setting that differed from clinical trials.
Material and methods An observational retrospective study was conducted of all patients treated with a PCSK9i in our hospital (September 2016 to February 2019). The following data were obtained from the electronic clinical record: demographic variables, diagnosis, drug, posology, previous treatments, prescription for primary or secondary prevention and adverse events. Before (1 determination) and after (1–3 determinations) PCSK9i, total cholesterol (TC), LDL-C, high density lipoprotein cholesterol (HDL-C) and triglyceride (TG) concentrations were obtained and statistically analysed using R statistical software.
Results Fifty-three patients were included, 33 men, with a median age of 64 years (range 35–83). Diagnoses were heterozygous familial hypercholesterolaemia (64%), homozygous familial hypercholesterolaemia (2%) and dyslipidaemia (34%): 70% received evolocumab (140 mg/14 days, except for 1 patient who received 420 mg/month) and 30% received alirocumab (75 mg/14 days except for 2 patients who received 150 mg/14 days). Regarding previous treatments, 83% had been treated with ezetimibe and 73% with a statin. Eight patients suffered adverse effects of whom four discontinued treatment. Analytical data were obtained from 51 patients (table 1).

Abstract 6ER-001 Table 1

	Before iPCSK9 (mg/dL) (mean ±SD)	After iPCSK9 (mg/dL) (mean ±SD)	% change	Mean differences (mg/dL)	95% CL (mg/dL)	P value
TC	268±84	163±75	40	107	90 to124	<0.001
LDL-C	188±79	85±68	55	105	90 to 121	<0.001
HDL-C	49±16	52±17	4	−3	−6 to −1	0.011
TG	161±95	149±103	7	19	−7 to 44	0.156

Conclusion and relevance A large decrease in TC and LDL-C, which is agreement with commercialisation trials, was observed. A slight increase in HDL-C levels can be assumed, although clinical trials referred to a higher increase. Moreover, no statistically significant reduction in TG was observed in this study in contrast with the clinical trials. These findings reveal the importance of real world data studies, in a context where all the variables are not controlled, unlike in clinical trials, to disclose the real efficacy of new drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

6ER-002 A COMPARATIVE REVIEW OF THE IMPACT OF THE INTRODUCTION OF ON-SITE MOLECULAR TESTING ON THE MANAGEMENT OF ADULT PATIENTS HOSPITALISED WITH SUSPECTED INFLUENZA VIRUS INFECTION

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10.1136/ejhpharm-2020-eahpconf.437

Background and importance Hospitalised influenza positive patients should be isolated and prescribed antiviral treatment. During the flu season of 2017–2018, influenza screens were processed off-site. On-site molecular flu testing was introduced prior to the 2018–2019 season. This study investigated its impact on the clinical management of hospitalised adult patients with a high suspicion of influenza virus infection.
Aim and objectives This retrospective cohort study investigated the impact of on-site influenza testing on adult inpatients by comparing key clinical parameters over the flu seasons before and after its introduction.
Material and methods Data from influenza peaks in January 2018 and January 2019 were used to compare: (i) uptake of influenza testing, using laboratory records; (ii) turnaround times (TATs), recorded using iLab; (iii) infection control isolation data; and (iv) oseltamivir use, as prescribed in inpatient drug kardexes.
Results Number of flu tests performed: 2018=47; 2019=73 (55% increase).

Median TAT (days): 2018=7.2 (range 4–11); 2019=0.5 (range 0–3).

Appropriate isolation of flu positive patients: 2018=36% (8/22); 2019=78.3% (18/23).

Flu exposure (bed nights): 2018=48 (48/98, 49%); 2019=12 (12/110, 10%).

Flu exposure in coronary care (no isolation facilities) (bed nights): 2018=7 (2 patients); 2019=10 (4 patients).

Inappropriate isolation of flu negative patients (bed nights): 2018=41 (results unavailable during treatment);

2019=0.

Appropriate oseltamivir use in flu positive patients: 2018=63.6% (14/22); 2019=95.7% (22/23).

Oseltamivir use in flu negative patients: 2018=60% (15/25) and median duration=5 days (range 2–7); 2019=28% (14/50) and median duration=1 day (range 1–3 days).