

antihypertensives class, 184 for M04-gout preparations, 135 for C10-lipid modifying agents and 218 for B03-antianaemic preparations. 64% of patients (139) used gastroprotectors, especially proton pump inhibitors (PPIs). 3 DDIs, of 289 detected, were considered contraindicated and potentially serious, and were due to antipsychotic drugs. Drugs most responsible for DDIs were: cardioaspirin, PPIs, angiotensin receptor blockers and diuretics. 975 (4.2±2.2 per patient) and 571 (2.4±1.7 per patient) inappropriate drugs were identified according to STOPP criteria and Beers criteria, respectively.

Conclusion and relevance Polypharmacy is associated with a high incidence of DDIs and an increased risk of mortality and hospitalisation. The use of the ICT tool and the clinical pharmacist who bring their contribution in terms of pharmacological and pharmacokinetic knowledge have significantly contributed to the improvement in prescriptive appropriateness and minimised the risk of adverse events.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Critical analysis of the information and communication technologies' (ICT) tools most used in clinical practice by the pharmacist. Masucci S, Cerutti E, Riba M, Gasco AL (EAHP Congress 2019).

Conflict of interest No conflict of interest

4CPS-404 MULTIDISCIPLINARY TEAM TO OPTIMISE INDIVIDUALISED SPECIAL DRUG PRESCRIPTIONS AND AUTHORISATION BY HOSPITAL MEDICAL DIRECTOR THROUGH AN INFORMATIC APPLICATION

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Background and importance Special drug prescriptions and authorisation by the hospital medical director is a necessary but time consuming activity that could even delay the start of treatment in some cases. To avoid documents and improve traceability, since 2014 our third level hospital is using an internal application (Rafpharma). This works as a mailbox: the treatment request for a specific patient is created by the physician, his head of the service agrees, the pharmacy service assesses the suitability and the medical director (MD) authorises/denies the treatment requested.

Aim and objectives To optimise the individualised special treatments requests circuit.

Material and methods A multidisciplinary working team (MWT) was created, including five hospital pharmacists, the head of the pharmacy department (PD), an internal medicine physician, the hospital MD and a hospital informatic, aimed at analysing all requests, identifying inefficiencies and proposing solutions to optimise the circuit.

Results Nine work team meetings were held between February and June 2018. Each of the 1641 requests in 2017 were analysed. The main causes reducing the efficiency of the system were: high volume of requests, time spent in the application and lack of knowledge by the persons involved. With the aim

of improving the efficiency of the system, the working group implemented the following measures.

1. Reduced the number of treatments that required authorisation from the MD, with the agreement of the pharmacy and therapeutics committee (FTC). This was possible by avoiding the need for special requests for certain drugs, affecting 39% of all the requests; encouraging three medical services to request approval for off-label use by the FTC, of which two did; and finally the group recommended that several medical services make a formal request to include 11 drugs in the hospital (only 3 have been requested).
2. Optimisation of Rafpharma application by the informatic department.
3. Development of Rafpharma user protocols by user profile.
4. Planning of specific training sessions in the departments involved.

Conclusion and relevance The optimisation process of the individualised request circuit led to improvement in the three main problems detected. The group reduced the circuit's workload by nearly 40%. The creation of MWTs makes approaching any key process from all points of view possible, allowing proposals to be made for optimisation agreed upon.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-405 STRONGYLOIDES STERCORALIS PROPHYLAXIS WITH IVERMECTIN IN COVID-19 PATIENTS

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Background and importance A preliminary report of the RECOVERY trial revealed a survival benefit related to the use of dexamethasone in hospitalised patients with coronavirus disease 2019 (COVID-19) (CM1). However, corticosteroids have an uncommon, but preventable, complication associated with its immunosuppressive mechanism of action: *Strongyloides stercoralis* hyperinfection or dissemination syndrome. *S stercoralis* infection should be ruled out in patients from endemic areas before starting immunosuppressive treatment. As the results of the serological tests are not immediate, certain patients would benefit from preventive treatment with ivermectin.

Aim and objectives To evaluate the effectiveness and safety of ivermectin for prophylaxis of *S stercoralis* hyperinfection syndrome in COVID-19 patients from endemic zones treated with corticosteroids or immunosuppressive treatment.

Material and methods A retrospective observational study was performed in a tertiary level hospital including all COVID-19 patients from *S stercoralis* endemic areas and treated with prophylactic ivermectin between March 2020 and September 2020. Demographic and clinical features were obtained from the electronic patient clinical history (DIRAYA) and the electronic prescription programme (PRISMA). Effectiveness was defined as the non-presentation of *S stercoralis* hyperinfection