

or dissemination syndrome. Safety was evaluated describing adverse events (AE).

**Results** 35 COVID-19 patients from endemic areas were admitted and treated with ivermectin 6 mg/8 hours for 2 days. 52% of patients were women, with an average age of  $42.84 \pm 11.38$  years. The patients treated with ivermectin were from Latin America, and the most frequent countries were: 48% Bolivia, 24% Nicaragua, 12% Ecuador, 8% Colombia and 8% Peru. Immunosuppressive treatment was: 83% dexamethasone 6 mg/24 hours, 14% methylprednisolone bolus 250 mg, 12% tocilizumab 400 mg and 3% no immunosuppressive treatment. Three (9%) of the patients presented with positive *S. stercoralis* serology. However, they did not develop *S. stercoralis* hyperinfection or dissemination syndrome. Furthermore, no patient had eosinophilia, with an average eosinophiles blood count of  $0.04 \pm 0.09 \times 10^3/\mu\text{g}$ . None of the patients had adverse events.

**Conclusion and relevance** Prophylactic treatment with ivermectin was safe. Patients from endemic areas who should start immunosuppressive treatment as soon as possible could be treated prophylactically with ivermectin. Nevertheless, the number of patients and positive cases were small and more studies are needed to generate evidence.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

## Section 5: Patient safety and quality assurance

### 5PSQ-119 PROTON PUMP INHIBITOR PRESCRIPTION PATTERNS AND ASSOCIATED COMPLICATIONS IN THE PAEDIATRIC INTENSIVE CARE UNIT

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**Background and importance** Proton pump inhibitors (PPIs) are regularly prescribed in the paediatric intensive care unit (PICU) for prevention of stress ulcer and upper gastrointestinal bleed (UGIB). There is no clinical consensus regarding PPI use in the PICU. The reported incidence of UGIB in the PICU is low (0.4–5%). Having  $\geq 2$  risk factors has been associated with a higher risk of clinically relevant UGIB in the PICU (severity score at admission PRISM  $>10$ , coagulopathy, mechanical ventilation). Despite identification of these risk factors, studies fail to show that stress ulcer prophylaxis significantly decreases UGIB in the PICU. Moreover, recent studies in mostly adult patients have associated PPIs in the acute setting to a higher risk of nosocomial infections and hyponatraemia.

**Aim and objectives** To describe PPI prescription patterns in the PICU and explore potentially associated clinical complications such as nosocomial infections and hyponatraemia.

**Material and methods** A single centre, retrospective, cohort study was conducted on PICU patient charts from 1 January 2017 to 31 December 2018.

**Results** 768 patients were included of whom 234 received a PPI (30.6%). PPI exposed patients were younger ( $p < 0.05$ ), weighted less ( $p < 0.05$ ) and were more likely to have had surgery ( $p < 0.05$ ), a central venous access ( $p < 0.05$ ), parenteral nutrition ( $p < 0.05$ ), coagulopathy ( $p < 0.05$ ), mechanical ventilation ( $p < 0.05$ ) and a longer PICU stay ( $p < 0.05$ ). The most common indication for PPI was stress ulcer prophylaxis ( $n=178$ , 76.1%) but only 12.4% ( $n=22$ ) had  $\geq 2$  UGIB risk factors. Nosocomial infection rate was 9.4% in the PPI group versus 2.2% in the non-exposed group (RR=3.40 (95% CI 1.76 to 6.57),  $p < 0.05$ ). Once adjusted for confounding variables, PPI exposure was independently associated with a higher risk for nosocomial infection (OR<sub>a</sub>=2.42 (95% CI 1.17 to 5.14),  $p=0.02$ ). PPI exposure was associated with an increased risk of hyponatraemia (RR=5.18 (95% CI 2.16 to 12.43),  $p < 0.05$ ).

**Conclusion and relevance** Our study showed an overuse of PPIs in our PICU, with poorly documented indications. PPIs were statistically and independently associated with an increased risk of nosocomial infections in our population. Prospective randomised trials are needed to evaluate the risk–benefit ratio of PPIs in the PICU. Our results suggest the need for a more rational use of PPIs in the PICU and highlight the lack of clinical guidelines and safety data regarding stress ulcer prophylaxis in critically ill children

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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### 5PSQ-120 USE OF PROTON PUMP INHIBITORS IN A GERIATRIC HEALTHCARE CENTRE

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**Background and importance** The use of proton pump inhibitors (PPIs) has increased considerably in recent years, probably due to their prescription in unjustified clinical situations or their prolonged maintenance without prescription revision, which can expose the patient to adverse effects.

**Aim and objectives** To determine the prevalence of PPI prescriptions without a clear indication in elderly patients institutionalised in a geriatric healthcare centre (GHC) that would require their deprescription assessment, as well as to quantify the prevalence of fractures in these patients.

**Material and methods** An observational, descriptive, cross sectional study was conducted in all institutionalised patients in a GHC associated with a tertiary hospital in May 2020. The variables collected were: sex, age, PPI prescription, indication, duration of PPI treatment, number of drugs prescribed, concomitant prescription of a gastrolesive drug and bisphosphonates, history of upper gastrointestinal bleeding or gastroduodenal ulcer, and history of fracture. Suitable indications for a PPI were those included on the label.

**Results** GHC is a 120 bed residence with 95 patients. 73.7% were women and mean age was  $82.3 \pm 8.3$  years. At the date of the study, 78 patients (82.1%) were being treated with a PPI, of which a clear indication according to label was found in 51.3%. The prescribed PPIs were: omeprazole 20 mg in 96.2%, lansoprazole 15 mg in 1.3% and lansoprazole 30 mg