0.62 (0.64) mg/dL, AGP 85.21 (22.00) mg/dL and FC 174.75 (220.25) µg/g. Clinical status after the intervention was GGC 43 (78.18%), RGC 11 (20%) and BGC 1 (1.82%).

Conclusion and relevance After the intervention, patients showed a tendency to decreased inflammatory parameters and clinical improvement, with a subjective reduction in symptoms. TDM in association with recommendations of the pharmacy service are valuable strategies in optimising IBD treatment to avoid loss of response and achieve better clinical outcomes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-123 SGLT2 INHIBITORS IN TYPE 2 DIABETES PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASES: AN UMBRELLA REVIEW OF SYSTEMATIC REVIEWS

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Background and importance Sodium–glucose co-transporter 2 (SGLT2) inhibitors have been reported to benefit liver function in patients with type 2 diabetes (T2D) with non-alcoholic fatty liver disease (NAFLD). Although some systematic reviews and meta-analyses have demonstrated the hepatic benefits from SGLT2 inhibitors in T2D patients with NAFLD, the overall findings and quality of these systematic reviews have not been evaluated.

Aim and objectives The aim of this study was to critically appraise existing systematic reviews to consolidate evidence associating the use of SGLT2 inhibitors with beneficial hepatic results for T2D patients with NAFLD.

Material and methods This umbrella review searched relevant published systematic reviews of clinical trials from PubMed and Embase between inception and 16 September 2020. The search strategy combined selected keywords (eg, SGLT2 inhibitors and NAFLD) with MeSH or Emtree terms and directed clinical queries for systematic reviews (eg, systematic (sb) in PUBMED). Articles eligible for inclusion were systematic reviews examining the effectiveness of SGLT2 inhibitors for T2D with NAFLD in clinical trials. Two independent investigators appraised study quality using AMSTAR 2, and extracted the hepatic effects from SGLT2 inhibitors (eg, liver enzymes, liver fat, liver histology, liver cirrhosis and liver cancer) in the included systematic reviews.

Results Of 25 screened potential systematic reviews, we ultimately included seven in this study. However, none could be rated as being of high methodological quality. Five systematic reviews indicated that SGLT2 inhibitors could effectively decrease liver fat and liver parameters of alanine aminotransferase and gamma-glutamyl transferase in patients with NAFLD. Two systematic review indicated that SGLT2 inhibitors could reduce hepatosteatosis, as supported by biopsy proven evidence of improvement from a small clinical trial, but no evidence of improvement of liver fibrosis was found.

Conclusion and relevance There was some association between SGLT2 inhibitor uses and observed benefits to liver function in T2D patients with NAFLD, although the quality of the

current systematic reviews remains relatively low. Further evaluation of long term liver outcomes with SGLT2 inhibitors in liver cirrhosis and liver cancer is warranted.

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5PSQ-124 ANTICOAGULATION MANAGEMENT WITHIN A HOSPITAL SETTING: IDENTIFYING RISK FACTORS AFFECTING PATIENT SAFETY

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Background and importance Anticoagulants are used hospital wide throughout the patient trajectory involving many health-care providers. Given their widespread use and risk profile, they are classified as high risk. Despite the many precautions and vast experience with these drugs, errors often occur in daily practice.

Aim and objectives To investigate which factors currently negatively affect patient safety in our hospital.

Material and methods We performed a retrospective data analysis based on incident reports and registered usage (2018–2019) as well as on pharmaceutical recommendations (3 months period in 2019) related to anticoagulants and antiaggregants. The data were obtained from the hospital information systems. Additionally, we surveyed doctors and trainees working in our hospital, via Google Forms, asking multiple choice questions inquiring into their experiences. They were asked to participate via email, and participation was voluntary and anonymous. All data were processed via Microsoft Excel and discussed within the anticoagulation stewardship committee.

Results *Retrospective data analysis:* 172 incidents and 132 pharmaceutical recommendations were included. Most incidents were related to low molecular weight heparin (45%) and took place in a surgery ward (37%). In 35% of cases, the incident could be linked to transfer to another ward or operating room. Problems in terms of administration (38%), communication (30%) and prescription (24%) were the main risk factors.

Survey: 74 doctors, representing 21 disciplines, answered the questionnaire. Non-prescribing of therapy was considered to be the main problem (49%), followed by incorrect dosing (42%). Lack of communication was a tricky issue: only 23% agreed that the patient receives sufficient information on paper. 51% thought that the policy was followed consistently hospital wide. Only 28% thought that new employees were sufficiently informed about the hospital wide agreements. Additional monitoring by a clinical pharmacist would be considered an added value by 88% of the doctors.

Conclusion and relevance A number of risk factors were identified, such as education of all healthcare professionals, communication, the IT systems used, the opening of temporary wards and transfer of patients within the hospital. It is our opinion that a multidisciplinary, centralised approach with a focus on monitoring is imperative. The use of a clinical pharmacist could play an important role.