5PSQ-203 POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN ELDERLY ONCOHAEMATOLOGICAL PATIENTS REFERRED TO PALLIATIVE CARE: APPLICATION OF THE STOPPFRAIL CRITERIA

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Background and importance Polypharmacy and potentially inappropriate medications (PIMs) are known problems in elderly patients, but their prevalence in cancer and end-of-life settings are less clear. Also, the number of specific criteria to assist clinicians in this setting is limited.
Aim and objectives To analyse the prevalence of polypharmacy and PIMs in elderly oncohaematological patients referred for palliative care.
Material and methods A retrospective observational study was conducted in a third level hospital. Oncohaematological patients aged 65 or older referred to palliative care between 1 April 2020 and 30 June 2020 were included. Gender, age, primary malignancy, ECOG performance score, comorbidities and chronic medications were collected. Survival was screened during a follow-up period of 3 months after first contact with the palliative care team. Demographic and clinical data were collected from the patient electronic medical records. Polypharmacy was defined as the use of five or more chronic drugs. PIMs were screened using the STOPPFrail criteria.
Results 62 patients were included, 39 men (63%), median age 78.5 years (range 65–94). 51 (82%) were oncological patients, 11 (18%) had a haematological malignancy and 53 (85%) had an ECOG $\geq$3. Mean number of comorbidities per patient was 2.7±1.8 and mean number of chronic drugs was 7.4±3.5. Polypharmacy was present in 49 (79%) patients. 85 PIMs were detected. At least one PIM was detected in 50 (80%) patients (mean 1.3±0.9). The most frequent STOPPFrail criteria were B1 (lipid lowering therapies) (n=21), E1 (proton pump inhibitors at full therapeutic dose) (n=17), G1 (calcium supplementation) (n=11), A2 (drugs without clear clinical indication) (n=8) and I1 (antidiabetic oral agents) (n=8). Only 9 patients (14.5%) remained alive at the end of the follow-up period.
Conclusion and relevance The outcomes confirmed a high prevalence of polypharmacy and PIMs in elderly oncohaematological patients referred to palliative care. The STOPPFrail criteria might be useful in the detection of futile drugs eligible for deprescription in this population.

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Conflict of interest No conflict of interest

5PSQ-204 DIFFERENCE IN ADHERENCE ASSOCIATED WITH THE ROUTE OF ADMINISTRATION

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Background and importance Adherence to medication is crucial to achieve outcomes in health.
Aim and objectives To assess annual adherence to medications in the outpatient pharmacy during 2019.
Material and methods We selected all patients on chronic therapy in our outpatient pharmacy, and the medication possession rate (MPR) during 2019 was measured based on the pharmacy refill record.

To assess the relationship between variables and adherence, the non-parametric Wilcoxon signed rank test and the Kruskal–Wallis test were applied. A p value <0.05 was deemed to be statistically significant.
Results 131 patients on chronic treatment were selected. Mean age of the study group was 55.8 years (SD 16.9; range 17–92) and 51.2% were women. 51.2% of patients were on adalimumab, 7.6% baricitinib, 6.1% colistimetato and 4.6% etanercept, certolizumab and secukinumab. Patients were treated for rheumatic arthritis (34.4%), axial spondylitis (15.3%), psoriatic arthritis (14.5%) and Crohn's disease (12.2%). For route of administration, the principal route was the subcutaneous route (76.3%), oral in 16.8% and inhalation in 6.9%. Mean MPR in the study population was 96.1% (SD 9.2%) and the median days to assess adherence was 289.2 ($IQR_{25–75}$ 223–360). The number of patients with MPR <90% was 11 and only 7 patients had an adherence level <80%.

We indicated in the patient medical record any adherence problems in order to assess adherence and improve it at next visit or appointment. We found no relationship between adherence and gender (97.2% in women versus 94.9% in men, p=0.33) or age (p=0.81). Mean adherence regarding route of administration was 90.3% (SD 18.8%; n=9) for the inhalation route, 95.9% (SD 8.7%; n=100) for the subcutaneous route and 99.3% (SD 3%; n=22) for the oral route, with a statistical difference between them (p=0.0064). This difference was confirmed between the inhaled and oral routes (p=0.002) and subcutaneous and oral routes (p=0.004).
Conclusion and relevance The adherence level was high in our population and only 11 patients had an adherence level <90%. The route of drug administration appeared to be a determinant for adherence, especially for inhaled therapy.

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5PSQ-205 MANIPULATING TABLETS CONTAINING POORLY SOLUBLE PREDNISOLONE TO OBTAIN PAEDIATRIC DOSES

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Background and importance Manipulation of tablets is often necessary to achieve an appropriate dose in the paediatric ward.[1] However, previous studies have shown a difference in dose accuracy obtained on manipulation for different tablets, in particular for the slightly soluble drug substance aspirin.[2] Prednisolone is a very slightly soluble drug substance, and prednisolone tablets are frequently manipulated in paediatric care.

Aim and objectives To investigate the dose accuracy and dose precision attained after manipulation of a commercially available prednisolone tablet, and to compare the results with those previously found for aspirin, a drug substance where solubility may similarly be challenging.
Material and methods Prednisolone tablets: Prednisolon Alternova 5 mg, Alternova A/S. Instrument: UHPLC-system from Shimadzu Corp (Nexera, with prominence DAD detector). Analytical column: ACE Excel 2 µm C18-AR, 2.1 × 100 mm (Advanced Chromatography Technologies Ltd). The analytical method was validated for linearity, precision and specificity. Dosing accuracy study: six tablets were dissolved in 10 mL water. After 4 min of intermittent stirring, samples of 1 mL, a 10th of the tablet, were withdrawn. Dosing accuracy was recorded and compared with previous findings for aspirin.
Results After manipulation of Prednisolon Alternova 5 mg tablets, 92.2% (85.3–95.1%) of the intended dose was retrieved.
Conclusion and relevance After manipulation by dispersion and dose extraction, the prednisolone tablets were found to give doses within the limits of tablet fractions according to the European Pharmacopeia (85–115%). In contrast, conventional tablets containing aspirin (Aspirin 'Bayer' 500 mg), a slightly soluble drug substance, has previously been shown to have never exceeded 55% of the intended dose when a 10th of the tablet was extracted.[2] This shows that knowledge about solubility is not always sufficient for estimating the suitability for manipulation of tablets.

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5PSQ-206 SATISFACTION OF PATIENTS WITH PHARMACEUTICAL TELECARE

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Background and importance The current COVID-19 pandemic has resulted in the need to bring medications closer to patients treated in the outpatient units (OPU), and with it pharmaceutical telecare (PT) to avoid patients visiting the hospital.
Aim and objectives To analyse the degree of satisfaction of patients treated in the OPU after implementation of the PT procedure.
Material and methods In April 2020, PT was performed in those patients who had been sent home mediation and who according to the pharmaceutical criteria was necessary. The PT survey included all patients who had been contacted by telephone regarding pharmaceutical criteria (initiation of treatment, second dispensing, change, complicated pattern or adhesion control). In May 2020, a closed response satisfaction survey was prepared with the following items: sex, age, pathology, opinion that deserves PT, opinion on the information provided by the pharmacist (clarity, resolution of doubts), possibility of alternating the face-to-face visit with PT and preference between phone call or video call. Responses to the degree of satisfaction were measured by an ordinal scale with five possible categories: very good, good, regular, bad and very bad. 85 patients were randomly selected. The surveys were conducted by telephone by OPU pharmacists, and clinical data were obtained from the external patient dispensing programme. The results were expressed in frequencies and percentages.
Results 52.9% were men, with a median age of 53 years (10–92). Most of pathologies were viral pathologies (29.4%) and malignant neoplasms (28.2%). 97.6% of patients considered the PT service to be 'good' or 'very good,' and 98.8% considered the information provided to be 'good' or 'very good.' 100% considered it appropriate to alternate face-to-face visits with PT. Media preference: 50.6% indifferent, 41.2% phone call, 8.2% video call.
Conclusion and relevance PT and the information provided was evaluated positively by most patients. All patients considered it appropriate to alternate face-to-face visits with PT. About half of the patients would prefer a PT by phone rather than a video call.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-207 ANALYSIS OF THE MEDICINES UNDER ADDITIONAL MONITORING AUTHORISED IN THE EUROPEAN UNION FROM 2017 TO 2019

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Background and importance The medicines under additional monitoring (MUAMs), identified with a black inverted triangle (▼), are subject to strict control for 5 years after their authorisation or until the European Medicines Agency (EMA) considers that they are safe.
Aim and objectives The main objective was to analyse the characteristics of the MUAMs authorised by the EMA from 2017 until 2019. We also evaluated whether additional measures should be implemented in the hospital pharmacy services to improve the follow-up of MUAMs.
Material and methods A descriptive analysis of the EMA's MUAMs list was conducted, which was updated on 25 March 2020, limiting the authorisations from 1 January 2017 to 31 December 2019. The following aspects were studied: criteria for inclusion in the list, year of inclusion and marketing status in Spain. Post-marketing safety was also analysed by reviewing the information notes published by the Spanish Agency for Medicines and Health Products in these 3 years. The main limitation was the dynamism of the MUAMs list, which is updated monthly.
Results 181 MUAMs were studied; 33% were authorised in 2017, 44% in 2018 and 23% in 2019. The criteria for inclusion in the MUAMs list were: new active substances: 113 (62.4%); new biologicals: 55 (30.4%); post-authorisation security studies (PASS): 8 (4.4%); conditional authorisation and exceptional circumstances: 4 (2.2%); and security restrictions: 1 (0.5%). More than 60% of the