MUAMs authorised between 2017 and 2019 were marketed in Spain, mostly antineoplastic and immunomodulatory drugs. During these 3 years, the AEMPS published 13 notes referring to MUAMs and they related to safety (30.7%), contraindications for use (30.7%), restrictions on use (23%) and informative notes (15.4%). Only two of these notes affected one of the authorised MUAMs from 2017 to 2019 (tofacitinib).

Conclusion and relevance The most frequent designated criteria were new active substance, followed by new biologicals, PASS and conditional/exceptional authorisations. The high number of MUAMs authorised each year in Europe and their special characteristics justifies the need to implement a circuit in the hospital pharmacy services that includes: sessions to remind staff of their importance, patient information sheets to reinforce greater follow-up and explain the most common adverse effects as well as a wider dissemination of information about restrictions of use and contraindications.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-208 PHARMACEUTICAL ALGORITHMS TARGETING ANTICOAGULANT THERAPY: IMPACT OF AVICENNE CLINICAL DECISION SUPPORT IN PATIENT SAFETY

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Background and importance Anticoagulants are sources of iatrogenia when they are used, misused or not used, especially when medication errors are involved. The EAHP statement integrates pharmaceutical analysis into our practices mentioning that all prescriptions should be reviewed and validated as soon as possible by a pharmacist. Pharmaceutical analysis practice is highly variable. Clinical decision support systems have proven to be effective globally in reducing morbidity, improving the detection of drug related problems (DRP) and reducing adverse drug events and costs. The threefold alliance, AVICENNE, as a real time clinical decision support system, works on the patient's data, pharmaceutical algorithms and Pharmaclass (Keenturtle-F).

Aim and objectives The aim of the study was present the ability of AVICENNE to detect DRP when working on anticoagulation therapy compared with other drugs.

Material and methods An observational prospective study has been ongoing from January 2019 to September 2020 in two facilities (1600 beds). 20 to about 135 pharmaceutical algorithms encoded in Pharmaclass detected patients with an anticoagulant related problem. Guidelines structured the pharmaceutical analysis of selected DRP analysed from anamnesis to transmission of the pharmaceutical interventions (PI). In the two algorithms, the number of accepted PIs were collected via computerised patient order entries.

Results The data were collected over 260 non-consecutive days. Of 4121 alerts 1301 were about anticoagulant

medications (31%) and 2820 about other medications (69%). DRP detection was better with the algorithm on anticoagulants than with the other algorithm (1029 (79%) vs 1271 (45%)) because of fewer technical false positives. Pharmacist issued 437 PI targeting anticoagulant medicines, of which 266 PI (61%) were accepted by physicians. On the other hand, 1075 transmitted PI resulted in 505 accepted PI (47%). The difference was statistically significant ($\chi^2=23.99$; $p<10^{-6}$). For both of the algorithms' sets, transmission had the same importance: for the oral route, 29% vs 27%, respectively (NS). The acceptance rate was similar (81% and 75%, respectively (NS)).

Conclusion and relevance Algorithms about anticoagulant therapy medications were more efficient in the detection of DRP because of explicit clinical practice guidelines. The acceptance rate of PI by physicians was better. AVICENNE improved patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-209 ANTICHOLINERGIC BURDEN AND RISK OF ADVERSE EVENTS IN PATIENTS FROM A SPANISH NURSING HOME

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Background and importance High anticholinergic burden (AB) has been associated with central and peripheral adverse events. Several anticholinergic scales were developed to estimate this AB. Patients residing in nursing homes are frequently prescribed a wide range of drugs but the rates of anticholinergic drug usage and the AB associated with these drugs have not been previously described.

Aim and objectives To study the anticholinergic prescription rates of patients residing in a nursing home and to compare the results from 10 different anticholinergic scales when estimating AB.

Material and methods An observational cross sectional study was carried out from June 2020 to September 2020 in a nursing home. Variables collected were: age, sex, number of drugs prescribed, number of anticholinergic drugs prescribed, anticholinergic drugs prescribed, AB and anticholinergic risk. Patients were classified as polymedicated if more than 5 drugs were prescribed and heavy polymedicated if more than 10 drugs were prescribed. AB and anticholinergic risk were estimated with 10 anticholinergic scales.

Results 156 patients, 59.3% men, median age 74.2 (IQR 67.4–82.8) years, were prescribed a median of 10 (range 0–26) drugs with 2 (0–6) of them with anticholinergic activity. 84.0% (n=131) of patients were polymedicated and 50.6% (n=79) were heavily polymedicated. The most frequently prescribed anticholinergic drugs were: furosemide (21.2%, n=33), tramadol (13.5%, n=21), lorazepam (14.7%, n=23), metformin (13.5%, n=21) and clorazepate (12.8%, n=20). Anticholinergic risk and anticholinergic drug burden of patients who were prescribed at least one anticholinergic drug are shown in table 1.