Aim and objectives To analyse discrepancies between prescription and dispensing of medications, investigate influencing factors and design areas for improvement.

Material and methods A cross sectional, descriptive, observational, retrospective study was conducted of prescriptions and dispensations through ADCs. 60 treatments for patients admitted on 8 July 2019 were randomised. Those who had surgery for that day or were discharged were excluded. The following variables were collected: number of prescribed medications, and number of parenteral and oral medications prescribed. Medications with conditional posology and multidose presentations were excluded from the analysis. The prescriptions and dispensations of each patient were reviewed. Discrepancy was defined when the number of units dispensed by medication were different from the number of units prescribed in 24 hours. Three variables were defined: total discrepancies, by default and by excess. A treatment complexity index (ICT) was calculated that took into account the number of prescribed medications (score 1 (0–4), 2 (≥ 5 –9), 3 (≥ 10 –14), 4 (≥ 15)), the dosage (1 point for each prescribed medication every 24 hours, 2 points every 12 hours, 3 points every 8 hours and 4 every 6 hours) and the administration route (1 point—only oral medication, 2 points—only parenteral medication and 3 points—both routes of administration). The index was the sum of the three sections. The ICT was related to the discrepancies detected by Pearson's correlation. The data were extracted from the ATHOS prescription programme and the ADCs Dosys Software. Data were analysed with SSPS.V.20.

Results 40 treatments were reviewed. 68 discrepancies were found; 59 by default and 15 by excess. 30% of the treatments did not present discrepancies, 45% between 1 and 2, 20% between 3 and 4 and 5% ≥ 5 . 35% of the treatments presented an ICT between 1 and 14 (low), 60% between 15 and 28 (medium) and 5% > 29 (high). Correlation between ICT and total discrepancies was statistically significant ($r=0.614$, $p<0.01$).

Conclusion and relevance The discrepancy rate was high. The traceability of ADCs allowed us to identify areas for improvement. ICT can help identify those with the highest risk of discrepancies and establish measures to correct them.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-221 SAFETY PROFILE OF EXPERIMENTAL THERAPIES USED IN THE COVID-19 PANDEMIC BASED ON DATA FROM THE NATIONAL MINIMUM DATA SET

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Background and importance In response to the COVID-19 pandemic, scientific societies and regulatory agencies quickly reviewed any available evidence to fill the therapeutic gap. In this context, many drugs were used with an uncertain benefit-risk profile that needs to be evaluated.

Aim and objectives To analyse the safety profile of experimental therapies that were used at the beginning of the COVID-19 pandemic.

Material and methods A retrospective observational study was conducted to analyse the safety profile of anti-COVID therapy accessible according to the protocols that were approved. Patients admitted with a COVID-19 diagnosis between March and May 2020 who had an adverse event (AE) coded in the discharge/death medical report were obtained from the National Minimum Data Set. The suspected drug was identified based on previous information. Those with AEs attributed to anti-COVID therapy were selected. The causal relationship was evaluated using Naranjo's algorithm (NA).

Results 141 AEs were coded in 105 patients admitted with a diagnosis of COVID-19. 60.3% were attributed to anti-COVID therapy in 66 patients with a median age of 72 years (95% CI 68 to 76), 62.1% men (37.9% women). AE severity was: 63.5% mild, 29.4% moderate and 7.1% severe. 23.5% of AEs did not require intervention, 37.6% required pharmacological treatment, 35.3% suspension of the drug, 2.4% close monitoring and 1.2% dose reduction.

Abstract 5PSQ-221 Table 1

AE	n (%)	Suspected drug	n	NA median (min–max)	Causal relationship
Gastrointestinal disorders	27 (31.8%)	Lopinavir/ritonavir	26	6 (3–7)	Probable
		Codeine	1	6 (6–6)	Probable
Blood glucose disorders	23 (27.0%)	Glucocorticoid	20	5 (3–7)	Probable
		Insulin	3	6 (3–3)	Probable
Hypertransaminaemia	15 (17.6%)	Azithromycin	6	5 (3–5)	Probable
		Lopinavir/ritonavir	3	4 (4–4)	Possible
		Hydroxychloroquine	3	3 (3–5)	Possible
		Interferon beta-1a	3	3 (3–3)	Possible
Anaemia/thrombopenia	5 (5.9%)	Heparin	3	9 (8–9)	Definite
		Tocilizumab	2	6 (6–6)	Probable
Skin disorders	4 (4.7%)	Hydroxychloroquine	1	6 (6–6)	Probable
		Interferon beta-1a	1	6 (6–6)	Probable
		Penicillin	1	6 (6–6)	Probable
		Contrast agent	1	6 (6–6)	Probable
Cardiac disorders	4 (4.7%)	Hydroxychloroquine	4	4 (3–4)	Possible
Metabolism disorders	4 (4.7%)	Lopinavir/ritonavir	3	6 (3–6)	Probable
Renal failure	2 (2.4%)	Contrast agent	2	3 (3–3)	Possible
Fever	1 (1.2%)	Interferon beta-1a	1	6 (6–6)	Probable

Conclusion and relevance NA established a probable drug–AE causal relationship for most events. Most AEs were moderate to mild in severity but 75% required medical intervention. Consequently, it is important to know the AE–drug relationship to ensure a favourable benefit–risk profile, especially for experimental therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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