5PSQ-222 ANTICHOLINERGIC RISK IN THE ELDERLY

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Background and importance Anticholinergic drugs (ACD) are closely related to serious negative health outcomes in the elderly but they are widely used in these patients. There are several scales in the literature to predict the risk of suffering anticholinergic effects in the elderly.
Aim and objectives To analyse the anticholinergic risk and its variability using different scales in a sample of institutionalised elderly patients.
Material and methods An observational retrospective study was conducted in institutionalised patients with the following characteristics: age >65 years, polymedicated (>5 drugs) with at least one prescribed ACD. The variables collected were: age, sex, prescribed drugs and anticholinergic risk calculated from the anticholinergic cognitive burden scale (CBA), anticholinergic risk scale (ARS), Chew's scale (Chew), anticholinergic drug scale (ADS), Duran's scale (Duran) and drug burden index (DBI). Data were obtained from the electronic clinical history.
Results 41 patients (73.2% women) were included with a mean age of 86.6±7.1 years. Mean prescriptions were 11.2 ±2.7. Percentage of patients with at least one ACD prescribed according to the different scales was: 75.6% (CBA), 61% (ARS), 56.1% (Chew), 73.2% (ADS), 70.7% (Duran), 90.2% (DBI). Percentage of patients with low anticholinergic risk was: 31.7% (CBA), 34.1% (ARS), 24.4% (Chew), 31.7% (ADS), 34.1% (Duran), 0% (DBI). Percentage of patients with medium anticholinergic risk was: 9.8% (CBA), 14.6% (ARS), 12.2% (Chew), 26.8% (ADS), 0% (Duran), 24.4% (DBI). Percentage of patients with high anticholinergic risk was: 34.1% (CBA), 12.2% (ARS), 19.5% (Chew), 14.6% (ADS), 36.6% (Duran), 65.9% (DBI).
Conclusion and relevance There was a high probability of anticholinergic effects in our sample of patients but according to the scale used, both the percentage of patients at risk of anticholinergic effects and the degree of the risk were variable. It seems that the DBI scale tended to detect greater risk in our patients. Further studies are needed to validate which scale is the most appropriate for our population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-223 DRUGS TO AVOID. AN OPPORTUNITY IN HEALTHCARE PATIENTS: CHECKING PRESCRIRE'S RECOMMENDATIONS

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Background and importance There are drugs that should be avoided despite authorisation by agencies. Can we justify drugs with no proven efficacy or relevant clinical outcomes? Prescrire (non-profit organisation, IF: 0.18) publishes an annual review of drugs to avoid. They identified 105 drugs that cover studies between 2010 and 2019. Drugs with a better harm–benefit balance are available in most of cases.
Aim and objectives To analyse and check our pharmacotherapeutic guide (PG) according to the 2020 Prescrire's review.
Material and methods We evaluated the 2020 annual review of drugs to avoid from Prescrire's and its concordance with a PG of a level II hospital and the impact of use and cost versus alternatives available, between January and August 2020. Information was collected from Farmatools software and the Prescrire's review. Data recollected were: drugs and Prescrire's alternative proposal included in the PG; use (defined daily dose (DDD)) and cost of the drugs of Prescrire's included in the PG and the alternatives and the entire PG.
Results 105 drugs were studied. 23 were in the PG (21.9%), 15 with a guaranteed better choice, all of them in the PG (100%). 2 of 23 (trabectedin, vinflunine) had any use. 20 of 23 had 8592 DDD, 5421.8€ versus 1 507 871 DDD, 110 327€ in 13/15 alternatives. 1 of 23 (teriflunomide) had 4580 DDD, 132 179€ versus 1907 DDD, 184 296€ for the alternative (IFN-β). Global PG use was around 14 000 000€. 82 drugs were not in the PG (78.1%). 60 of them had better harm–benefit alternative; 58 (96.7%) were in our PG.
Conclusion and relevance Our study showed that our PG was well adapted according to Prescrire's recommendations. The presence of drugs to avoid was low, the majority because their use was well established in clinical practice or are reserved for very specific situations. The global impact (without teriflunomide) in total cost and use was worthless. Our next step is to re-evaluate the results and make a better PG, with a special focus on teriflunomide (currently has a strong follow-up) and minimise the use of those essential to the physician in very specific situations. It is possible to conclude that our PG, developed by hospital pharmacists in a multidisciplinary team, guarantees quality, safety and efficiency.

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5PSQ-224 CLINICAL EXPERIENCE OF PEMBROLIZUMAB WITH AXITINIB IN RENAL CELL CARCINOMA

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Background and importance There are several types of renal cell tumours, the most frequent being clear cell renal carcinoma (ccRCC) which represents 80% of malignant renal tumours in adults. Pembrolizumab, in combination with axitinib, is indicated for the firstline treatment of advanced RCC in adults.
Aim and objectives To describe and analyse the effectiveness and safety of pembrolizumab and axitinib in a tertiary hospital clinical practice.
Material and methods An observational retrospective study was conducted in all patients diagnosed with ccRCC and treated with pembrolizumab and axitinib from March 2019 to October 2020. All patients gave their informed consent. Data sources were the electronic medical records. Variables analysed were: sex, age, PDL-1, prior lines of treatments, IMDC risk and presence of metastases at the start therapy, duration of treatment and interruption causes, grade and type of toxicities and best TAC response.