

significant decrease in measured consumption compared with that expected of -28.07% .

Conclusion and relevance Although both quasi-experimental designs showed significant changes in cephalosporin consumption after the intervention, the interpretation of results was contradictory. While hypothesis testing showed an increase after the intervention, ITS analysis revealed that this consumption was even less than expected. This suggests the programme may have been useful in reducing the consumption of these antimicrobials. Therefore, a robust design is essential in ASP, enabling appropriate interpretation of the results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-026 CREDIBILITY OF SUBGROUP CLAIMS IN HAEMATOLOGY CLINICAL TRIALS

N Báez Gutiérrez, H Rodríguez Ramallo*, L Abdel-Kader Martín, S Flores Moreno, B Fernandez Rubio. *Hospital Universitario Virgen Del Rocío, Pharmacy, Seville, Spain*

10.1136/ejhp-2021-eahpconf.350

Background and importance Interpretation of subgroup analysis (SA) is potentially important for treatment decisions in medical practice. SA can provide clinicians with a better perspective on the individualised treatment of patients. However, SA can introduce analytical challenges, which may result in denial of a beneficial treatment or even receiving a potentially harmful or ineffective treatment.

Aim and objectives The aim of this study was to assess the credibility of subgroup claims in haematology randomised clinical trials (RCT).

Material and methods A systematic review of Medline of haematology phase III RCT published between January 2013 and October 2019 was carried to identify SA reported. Claims of subgroup effect were classified according to their strength, as: strong claim, claim of a likely effect or suggestion of a possible effect based on the Sun *et al* 2009 classification. To evaluate the credibility of subgroup claims for RCT primary outcomes, 'the 10 criteria for assessing the credibility of a subgroup claim' by Sun *et al* 2012 were applied.

Results 98 studies reported SA. Of these, 24 RCT reported 46 claims of subgroup difference. 44 were claims for the primary outcome: 25 were strong claims, 17 suggestions of a possible effect and two claims of a likely effect. The authors included subgroup variables for the primary outcome measured at baseline for 38 claims ($n=86.36\%$), used the subgroup variable as a stratification factor at randomisation for 15 (34.09%), clearly prespecified their hypothesis for 11 (25%), the subgroup effect was one of a small number of hypothesised effects tested for 17 (38.36%), carried out a test of interaction that was statistically significant for 18 (40.91%), documented replication of a subgroup effect with previously related studies for 11 (25%), identified consistency of a subgroup effect across related outcome for 10 (22.72%) and provided a biological rationale for the effect for 8 (18.18%). 34/44 claims for the primary outcome met 4 or fewer of the 10 credibility criteria.

Conclusion and relevance Subgroup claims reported in haematology RCT lack credibility, even when claims were strong.

Subgroup analysis should be carried out because of the potential information they can provide but researchers should be more cautious before claiming the existence of a subgroup effect.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-027 IMPROVEMENT IN SELF-MANAGEMENT OF BIOLOGICAL DMARDS FOR PATIENTS WITH CHRONIC INFLAMMATORY ARTHRITIS WHEN A PHARMACIST PARTICIPATES IN A MULTIDISCIPLINARY CONSULTATION

¹C Bottonis*, ¹J Hubert, ²C Lopez-Medina, ¹S Dumas, ¹S Belo, ²C Roux, ²M Dougados, ¹O Conort. *¹Hôpital Cochin, Clinical Pharmacy, Paris, France; ²Hôpital Cochin, Rheumatology, Paris, France*

10.1136/ejhp-2021-eahpconf.351

Background and importance Enhancement of information for patients with chronic inflammatory arthritis (IA) on the management of subcutaneous (SC) biological DMARDs (bDMARDs) by the intervention of several successive health professionals should improve their necessary safety knowledge and skills for optimised self-management of their treatments.

Aim and objectives To assess the pharmacist's contribution to improving knowledge and skills of patients with IA treated with SC bDMARDs during multidisciplinary consultations (MC). The secondary objectives were to assess the impact on therapeutic adherence and patient satisfaction.

Material and methods This was a prospective, single centre, 6 month trial, approved by the ethics committee. Inclusion criteria were patient with IA receiving SC bDMARDs. The intervention was an interview aimed at enhancing the patient's knowledge and adherence. At baseline (M0), 3 months (M3) and 6 months (M6), knowledge and adherence were assessed using self-administered questionnaires, respectively, Biosecure and CQR-5. A patient satisfaction questionnaire was sent at M3. The main outcome was comparison of the Biosecure score at baseline, M3 and M6. Secondary outcomes were comparison of the rate of patients with a high level of knowledge and high adherence at baseline, M3 and M6, and patient satisfaction. For statistical analysis, different tests were used: repeated measures ANOVA, Bonferroni and generalised estimating equation.

Results The study was conducted from October 2019 to July 2020. 79 patients were included (aged 50.4 ± 14.7 years; sex ratio 1.1). At M0, M3 and M6, Biosecure scores were 70.9 ± 18.1 , 81.7 ± 15 and 84.3 ± 13.7 , respectively. A significant difference between scores was found as well as between each time point ($p < 0.001$). At M0, M3 and M6, the rate of patients with a high level of knowledge was 24.1%, 54.4% and 45.6%, respectively, with a significant difference ($p < 0.001$). No difference was observed concerning the rate of patients with high adherence ($p = 0.077$). Patient satisfaction regarding the pharmaceutical interview was 24.9 ± 3.1 ($\max = 28$).

Conclusion and relevance Participation of the pharmacist in the MC allowed for a significant improvement in patient knowledge of their bDMARDs. Regarding adherence, no significant

difference can be explained by the already high level. This study highlights the positive impact of MC on patient knowledge of their SC bDMARDs, as well as patient satisfaction.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-028 BARICITINIB AGAINST SEVERE COVID-19: EFFECTIVENESS AND SAFETY IN HOSPITAL CARE

¹R Iglesias Gómez*, ²R Mendez Ocaña, ¹T Palanques Pastor, ¹O Ballesta Lopez, ¹C Borrás Almenar, ¹E Lopez Britz, ¹I Font Noguera, ²R Menendez Villanueva, ³JA Roman Ivorra, ¹JL Poveda Andres. ¹Hospital Universitario Y Politécnico La Fe De Valencia, Servicio De Farmacia, Valencia, Spain; ²Hospital Universitario Y Politécnico La Fe De Valencia, Servicio De Neumología, Valencia, Spain; ³Hospital Universitario Y Politécnico La Fe De Valencia, Servicio De Reumatología, Valencia, Spain

10.1136/ejhpharm-2021-eahpconf.352

Background and importance Baricitinib has recently been used off-label for COVID-19 because of its potential role in reducing systemic inflammation, lung damage, immune response and viral endocytosis based on preclinical data.

Aim and objectives To analyse the effectiveness and safety of baricitinib for severe COVID-19 in hospitalised patients.

Material and methods An observational, retrospective, multi-disciplinary, single centre study was conducted in patients diagnosed with COVID-19 and receiving treatment with baricitinib in a tertiary hospital between 15 March and 30 April 2020. All adult patients receiving baricitinib for 3 or more days were included. The variables collected were: sex, age, admission period, days of treatment, medication during admission, analytical parameters, overall survival (OS) and adverse events (AE). Clinical improvement was measured as the difference in values on a 1–8 scale of clinical status during admission (from 1=hospital discharge without limitation of activities to 8=death) between day +1 of starting baricitinib and day +14. Other COVID-19 treatments were allowed. Data were collected from the hospital electronic prescription programme and the electronic medical records. Statistical analysis was performed with SPSS V.25, expressing the variables as frequencies and medians (IQR), and the Wilcoxon test.

Results 43 patients treated with baricitinib were included: 70% men (n=30), aged 70 years (IQR 54–79). Duration of treatment was 6 days (IQR 5–7), with a hospital stay of 12 days (IQR 9–25) from the start of baricitinib. Clinical improvement was 3 points (IQR 1–4) on the clinical scale (6 points (IQR 6–4) on day +1 vs 3 points (IQR 2–4) on day +14) with a statistically significant difference ($p<0.01$). At the end of the study period, the OS rate was 100% (n=43 discharge due to clinical improvement (100%)). All analytical parameters related to a poor prognosis of COVID-19 improved with statistically significant differences ($p<0.05$) on day +14: IL-6 -50.7 pg/mL, PCR -86.4 mg/l, ferritin -159.0 ng/mL, lymphocytes $+0.41 \times 10^3/\text{mm}^3$, platelets $+51.0 \times 10^3/\text{mm}^3$ and D-dimers -347 ng/mL. No AE of interest associated with baricitinib were found.

Conclusion and relevance Patients treated with baricitinib for COVID-19 in our study presented statistically significant clinical and analytical improvement without relevant AE. The

results of ongoing clinical trials will shed more light on its efficacy and safety in treating COVID-19.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest.

6ER-029 IMPACT OF A MEDICINES INFORMATION APP ON MEDICATION KNOWLEDGE AND WORRY IN POST-MYOCARDIAL INFARCTION PATIENTS

^{1,2}G Campbell*, ²C Devaney, ²V Auyeung, ^{1,3}TF Ismail, ²J Weinman. ¹Guy's and ST Thomas' NHS Foundation Trust, Cardiology Department, London, UK; ²King's College London, Institute of Pharmaceutical Science, London, UK; ³King's College London, School of BMEIS, London, UK

10.1136/ejhpharm-2021-eahpconf.353

Background and importance Non-adherence to medications post-myocardial infarction (MI) is well documented. This can lead to inappropriate therapeutic escalation and early mortality. Identifying effective interventions to support patients with the management of medications is therefore of paramount importance.

Aim and objectives MedTap is a medicines information app developed by clinicians for patients and carers. The objective of this study was to evaluate whether utilising MedTap had any impact on patient knowledge and worry.

Material and methods Patients admitted to a cardiology ward at a tertiary hospital with an MI completed a baseline questionnaire to assess medication knowledge and worry before discharge. They were given access to medicine information via MedTap. A post-use questionnaire was completed via telephone 2 weeks later. The questionnaire was developed utilising existing validated adherence questions. Questions were grouped into 'knowledge' (n=5) and 'worry' (n=3) for analysis. A score of 1 was assigned to yes responses and a score of 0 for no, and change over time was assessed with a paired Wilcoxon test.

Results 54 patients were recruited (mean age 63 years, 4 women), with 10 (18.5%) lost to follow-up. Of the 44 patients interviewed, 22 (50%) used the app. For users, the median pre-knowledge score was 3 (range 1–5) with a median change of 1 (range -1 to 4). There was a significant increase in knowledge ($p=0.003$) at the 2 week follow-up. For users, the median pre-worry score was 0 (range 0–2) with a median change of 0 (range -2 to 0). However, this still translated into a net reduction in worry ($p=0.011$). For non-users, the median pre-knowledge score was 3 (range 0–5) with a median change of 1.5 (range -4 to 4). There was an increase in knowledge ($p=0.009$) at follow up. For non-users, the median worry score was 0 (range 0–2) with a median change of 0 (range -1 to 2). There was no significant change in worry ($p=0.739$).

Conclusion and relevance This study has shown that a digital app can be used as an additional tool to deliver medicines information, improve patient knowledge and decrease patient medication worry. A reduction in worry is significant as this is known to significantly influence adherence behaviour. Further work will assess adherence and determine whether using Med-Tap has an impact on clinical outcomes.