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/ejhp-pharm-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 +0.41×10³/mm³, platelets +51.0×10³/mm³ 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/ejhp-pharm-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 MedTap has an impact on clinical outcomes.