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

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**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, multidisciplinary, 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 $+0.41\times10^3/mm^3$, platelets $+51.0\times10^3/mm^3$ 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

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

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**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.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

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## 6ER-030 AN ANNUAL REVIEW OF DRUG SHORTAGES MANAGED BY THE MMUH PHARMACY DEPARTMENT

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**Background and importance** Drug shortages can adversely affect drug therapy, compromise or delay medical procedures, result in medication errors and ultimately cause patient harm. Drug shortages also have financial consequences for hospitals, the state and patients. In the Mater Misericordiae University Hospital (MMUH), the medicines information (MI) service collaborates with dispensary, clinical and other colleagues to manage drug shortages. In 2019, drug shortages represented 17% of the MI service workload in contrast with 9% in 2018.
**Aim and objectives** To review the nature and impact of drug shortages managed by the pharmacy department in 2019.
**Material and methods** Shortages were logged in MiDatabank with 'shortage' as a keyword. Relevant 2019 enquiries were identified. Details for each shortage were collected, categorised and analysed. The procedure for managing drug shortages was reviewed.
**Results** The pharmacy department managed 403 drug shortages in 2019. Most drug shortages lasted more than 1 month (56%) and were due to manufacturing delays or an unexpected increase in product demand. In most cases no purchasing action was taken as there was sufficient stock to cover the expected shortage duration (n=141; 81%) or because no alternative option was available (n=33; 19%). Apart from purchasing reactions, other actions needed were hospital wide communication (13%), immediate stock rationing (9%) and/or protocol amendments (3%). Drug shortages requiring further follow-up mainly concerned drugs of critical nature (eg, antimicrobials, fentanyl, morphine, lorazepam). 5% (n=22) of drug shortages were due to wholesaler issues. In four of these cases, immediate action was needed (hospital wide communication (n=2) immediate stock rationing (n=2)). Wholesaler shortages do not fall under the accepted European or national definition of a true drug shortage, however, MMUH experience is that these shortages can require similar assessment and treatment as true shortages. The MMUH pharmacy department processes on managing drug shortages were reviewed and streamlined to provide a stepwise approach with individual pharmacy department member roles and responsibilities clearly defined.
**Conclusion and relevance** Drug shortages are a challenging part of pharmacy service delivery with a significant impact on daily operations. Greater collaboration among all stakeholders is needed in Ireland to enable pharmacy departments to appropriately assess the impact of drug shortages and make practical decisions to ensure continuity of supply for patients.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

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## 6ER-031 DEVELOPMENT OF A PATIENT CENTRED VIDEO ON MEDICATION MANAGEMENT AND A QUALITATIVE EXPLORATION OF PATIENTS' OPINIONS TOWARDS THE VIDEO

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**Background and importance** Insufficient patient knowledge of medicines on discharge from hospital can increase the risk of a medication related problem, which in turn can result in an adverse drug event occurring. Adverse drug events are a prominent factor of hospital readmissions which in turn increase illness and healthcare costs. There is no global standardised process for educating patients on how to manage their medicines on discharge from hospital.
**Aim and objectives** The aim of this study was to describe the development of a video to educate patients on medication management on discharge from hospital. In the process of developing the video, discharged patients' opinions of the video were explored with the objective of increasing the quality and usability of the tool.
**Material and methods** The video was designed and developed by a project team which consisted of various hospital staff members. A selection of patients who attended the hospital cardiac rehabilitation outpatient service (CROS) were purposefully sampled to watch the video and to complete a face-to-face semi-structured interview to determine their opinions towards the video. The semi-structured interviews were audio recorded, transcribed precisely and analysed using an inductive thematic approach.
**Results** The video was 6 min and 29 s in duration and was designed around the theory of multimedia learning and the application of video design principles. Ten patients from the hospital CROS viewed the video and completed a semi-structured interview on their opinions towards the video. Patients ranged in age from 41 to 81 years (mean 60 years) and were predominantly men. Three major themes and several subthemes were identified in relation to patients' opinions of the video: theme 1=patient education; theme 2=accessibility; and theme 3=enhancing patient empowerment.
**Conclusion and relevance** This study illustrated the development of an educational video on medication management and the potential of the video to empower patients and enhance learning. All interviewees concluded that the video should be incorporated into the hospital discharge process and suggestions on how to improve access and patient learning from the video were reviewed. The video is now live on the hospital website.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

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## 6ER-032 PUBLIC OPINION AND PERSONAL SITUATION IN TIMES OF THE COVID-19 PANDEMIC

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