Results 130 medicines were reviewed in 79 patients from January to August 2020. Mean age was 61 ± 6.5 years. 48 patients (60.78%) were polymedicated; the average number of medications per patient was 4.25. At the pharmacokinetic level, the main interaction was CYP3A4 substrate concentrations were increased, and at the pharmacodynamic level, the risk of QT syndrome and serotoninergic syndrome were increased.

61 PDI were found in 40 patients (51.89%); 10 were severe and 21 were moderate. The most common types of drugs involved were steroids, proton pump inhibitors and antidepressants. Eight (80%) severe PDI were accepted and moderate recommendations led to reduction in dosage or concomitant use.

Conclusion and relevance This study showed that more than half of patients with NEPA has at least one PDI. Clinical pharmacists are essential in detecting PDI, which is a positive influence on physician prescriptions and patient treatment outcomes, improving the safety and effectiveness of oncological treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest


Background and importance The pharmacy service (PS) is a cornerstone of the nutritional support of patients, especially those with special needs. For this reason, it is necessary to create individualised nutrition following recommendations from scientific organisations, such as the European Society for Clinical Nutrition and Metabolism (ESPEN).

Aim and objectives To analyse prescriptions of parental nutrition (PN) during the pandemic and compare them with those from the same period in 2019.

Material and methods This was a retrospective descriptive observational analysis of data from a secondary care hospital during March and April, both in 2019 and 2020. Demographic (age and sex) and clinical (length of PN and diagnosis) data were collected from medical records.

Results There were 157 patients with PN during the period of study in 2020, 106 (67.5%) men with a median age of 67 years (IQR 14.5 years). In 2019, 64 patients received PN, 38 (59.4%) were men with a median age of 70 years (IQR 17). In 2020, 48.8% of patients with PN were under the critical care service (CCS), 30.6% internal medicine service (IMS) and 18.5% surgical service (SS); 108 (68.8%) were diagnosed with COVID-19. In 2019, 15.6% of patients were under CCS, 25% IMS and 56.4% SS. In 2020, 85 patients (54.1%) terminated PN due to health improvement and 60 (38.2%) died; in 2019, 54 (84.4%) improved and 9 (14.1%) died. In 2020, the median age of deceased patients was 67 years (IQR 12.5 years) and in 2019 it was 77 years (IQR 9.5 years). The total number of PN prescribed during the periods of the study was 2121 in 2020 and 876 in 2019.

Conclusion and relevance In the context of the SARS-CoV-2 pandemic, nearly half of all PN were prepared for CCS