- Frequency of contraindications: peptic ulcer (1603; 26.5%), valvulopathy (1060; 17.5%) and renal failure (76; 1.3%).
- 2433 (40.2%) patients had at least one contraindication.
- Dose was not appropriately reduced in 526 patients (8.7%).

Conclusion and relevance DOAC use increased notably in our PC area during the SARS-CoV-2 pandemic.

We found that 40.2% of patients treated with DOAC had at least one contraindication for the treatment. Interventions should be done to improve DOAC prescription and ensure patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-222 CONCORDANCE BETWEEN GUIDELINES ON PERIOPERATIVE MANAGEMENT OF NOVEL ORAL ANTICOAGULANTS AND ITS IMPLEMENTATION AND PREVENTABLE CAUSES OF THE OCCURRENCE OF ISCHAEMIC STROKE

[1]S Simons*, [2]P Vanacker, [1]A Verhaeghe, [1]K Verhelle, [3]G Meeus. *[1]Az Groeninge, Pharmacy, Kortrijk, Belgium; [2]Az Groeninge, Neurology, Kortrijk, Belgium; [3]Az Groeninge, Nephrology, Kortrijk, Belgium*

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Background and importance Increasing numbers of patients receiving a novel oral anticoagulant (NOAC) are undergoing elective surgery. The extent to which perioperative interruption of NOAC therapy is concordant with best evidence is uncertain.

Aim and objectives This study investigated whether inappropriate perioperative advice can lead to the occurrence of an ischaemic stroke. Furthermore, we examined the relation between inappropriate dosing, perioperative management and interactions.

Material and methods Data from all ischaemic stroke patients, previously treated with a NOAC, were retrospectively collected from the EVAS-BE-database (January to October 2019). The following data were retrieved: date of stroke, aetiology, previous stroke, posology and indication for NOAC, renal function, weight, age, concomitant drugs, surgery (indication, date, bleeding risk, preoperative advice), medication management post-stroke and discharge therapy. Concordance of perioperative anticoagulation management with regional and EHRA guidelines was rated by a clinical pharmacist according to the explicit risk of thrombosis and bleeding.

Results Of the 57 patients with an ischaemic stroke receiving a NOAC, nine (16%) had been planned to undergo surgery. The decision to interrupt anticoagulation was concordant with regional guidelines. Compared with EHRA guidelines: three cases stopped without indication (5 days–2 days), and three low and one high bleeding risk patient stopped too early. None of them were bridged.

Firstly, inappropriate dosing (30%) and posology (7%) based on the SmPC criteria was identified. Of the 17 inappropriately dosed patients, underdosing was the main factor (16 vs 1). Secondly, 16 patients (28%) showed one or more interactions with concomitant drugs. Due to the pharmacodynamic interactions, a higher risk of thrombosis was seen in two patients. Four patients showed a pharmacokinetic interaction; one was a decreased effect. Thirdly, the greatest risk in the perioperative phase seemed to be post-surgery in comparison with pre-surgery, seen in seven and two patients, respectively. Medication adherence was questionable in five patients (9%).

Conclusion and relevance The occurrence of ischaemic stroke in the perioperative phase in patients treated with a NOAC was a major problem. The main issue seemed to be the discordance between our regional and EHRA guidelines regarding perioperative NOAC management. Apart from the perioperative transition phase, other reasons for occurrence were inappropriate dosing, drug interactions and non-compliance.

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Conflict of interest No conflict of interest

4CPS-223 REAL WORLD EXPERIENCE OF SELEXIPAG FOR PULMONARY ARTERIAL HYPERTENSION

[1]M Eguiluz Solana*, [2]C Martin Dominguez, [2]R Bravo Marqués, [1]JJ Arenas Villafranca, [1]MI Saez Rodriguez, [1]B Tortajada Goitia. *[1]Clinical Pharmacist, Hospital Costa Del Sol, Marbella, Spain; [2]Cardiologist, Hospital Costa Del Sol, Marbella, Spain*

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Background and importance Pulmonary arterial hypertension (PAH) is a life threatening disease causing an increment in pulmonary vascular resistance which leads to right ventricular failure and death. Selexipag is an oral selective IP prostacyclin receptor agonist, shown to be beneficial in the treatment of PAH, reducing morbidity and mortality in these patients. It was approved by AEMPS in 2015.

Aim and objectives The aim of this study was to evaluate medication adherence and the evolution of baseline characteristics, NT-proBNP, functional class (WHO-FC) and non-invasive studies, such as the 6 min walking test, after starting treatment with selexipag. The risk stratification before and after starting treatment with selexipag was also analysed.

Material and methods Since the inclusion of selexipag in our therapeutic guide in November 2017 up until April 2020, seven patients (85.7% women) have received the drug. Adherence was calculated based on dispensation records, and the other parameters of the study were monitored at every visit.

Results All patients had PAH, three of them associated with a congenital heart defect (two with Eisenmenger's syndrome due to an uncorrected heart defect and one with a corrected heart defect). All had been treated with phosphodiesterase-5 inhibitors (PDE5-I) and endothelin receptor antagonists (ERAs) before starting selexipag.

Two patients were in a low risk situation (switch from inhaled treprostinil to selexipag), four patients were in an intermediate risk situation and one patient was in a high risk situation, who after the titration phase was changed to epoprostenol because of persistence of the high risk situation. After the titration phase, one patient in the intermediate risk group changed to a low risk situation.

We found that treatment with selexipag reduced the WHO-FC, the 6 min walking test, NT-proBNP and right heart failure symptoms. Regarding adherence, median medication adherence was 97%: five patients had 100% adherence to the treatment and the others showed 98% and 80% adherence. 50% of patients received a high dose of selexipag, and the most common side effects were diarrhoea and muscle pain.

Conclusion and relevance The use of selexipag in our clinical practice in patients with PAH improved risk parameters (functional class and the 6 min walking test) and right ventricle