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Conflict of interest No conflict of interest

4CPS-233 HOME MANAGEMENT OF ACUTE MULTIPLE SCLEROSIS OUTBREAK: ADAPTATION TO CORONAVIRUS PANDEMIC

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Background and importance An outbreak of multiple sclerosis (MS) is defined as symptoms and neurological signs typical of demyelinating disease, with a duration of at least 24 hours. It appears in all forms of MS, contributing to short and long term disability. The main treatments for outbreaks are high dose steroids given intravenously or orally for 3–5 days. In our clinical practice, we used oral prednisone 1400 mg for 5 days prepared in a hospital pharmacy to avoid staff attendance at health centres.

Aim and objectives To evaluate oral prednisone effectiveness as a treatment for acute MS outbreaks.

Material and methods This was a retrospective multidisciplinary study, from March to June 2020 (4 months), during the limited mobility period due to the coronavirus pandemic (SARS-CoV-2). The results of 31 patients were analysed. The following data were collected: sex, age, type of MS, expanded disability status scale (EDSS), treatment at the time of the outbreak, symptoms and evolution. The programmes used were: patient medical history (DIRAYA), outpatient dispensing (DOMINION) and MRI (CARESTREAM). Specialist role was: the neurologist made the clinical evaluation, the pharmacist prepared the prednisone capsules from original tablets and its dispensation, and the nurse provided patient education.

Results 31 patients (25 women) with a mean age of 44.85 ±13 years were assessed. Every patient had a diagnosis of recurrent relapsing MS. Treatments were: interferon beta (20), dimethyl fumarate (10) and cladribine (1). The mean EDSS was 3. The main symptoms were: paraesthesias, muscle weakness and urinary incontinence. The EDSS progressed positively: 83.78% of patients evolved favourably, a subjective decrease in paraesthesia and weakness was observed and MRI showed less inflammation signs. Another aspect was the comfort of the patient in carrying out this treatment at home rather than attending hospital.

Conclusion and relevance The results suggested that 1400 mg of oral prednisone administration for 5 days could be considered a safe, effective and comfortable alternative treatment for acute outbreaks of MS. Multidisciplinary care is essential to obtain better clinical results.

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4CPS-234 GLUCOCORTICOID INDUCED HYPERGLYCAEMIA IN NON-DIABETIC PATIENTS IN AN EMERGENCY DEPARTMENT

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Background and importance Glucocorticoid induced hyperglycaemia (GIH) is a common and underdiagnosed condition in the hospital emergency department (ED) that leads to increased hospital stay and a worsening prognosis.

Aim and objectives To determine the cumulative incidence of the development of GIH in non-diabetic patients treated with systemic glucocorticoids (SG) in the ED, and to study the associated risk factors. Secondary objectives were to determine the mean time to develop GIH, as well as compliance with the general recommendations of scientific societies for its therapeutic management.

Material and methods This was a prospective descriptive study. Non-diabetic patients who started SG in the ED were included. Data were collected over 3 months: age, obesity, family history of diabetes, type of glucocorticoid and accumulated dose, equivalence to hydrocortisone, and received prior to GIH or within 72 hours if the event did not occur. Hyperglycaemia was defined as preprandial and postprandial capillary glucose ≥140 and ≥180 mg/dL, respectively. Recommendations were defined as periodic monitoring of capillary blood glucose for 72 hours or less if the patient was discharged. In the case of patients who initially were not monitored for glucose, this was indicated by the pharmacist. Patients without glycaemia data were excluded.

The χ^2 test or Fisher's exact test was applied for categorical variables and the Mann-Whitney U test for quantitative variables. Time from SG initiation to GIH was measured using the Kaplan-Meier test. SPSS V15.0 programme was used to analyse the data.

Results A total of 32 patients (53.13% men) were included, with a mean age of 72±17.6 years, 28.12% were obese patients and 96.87% had no family history of diabetes. Most patients (90.7%) were treated with intermediate acting glucocorticoids and mean accumulated dose of hydrocortisone received was 468.13±276 mg. GIH cumulative incidence was 53.12% in 72 hours. No risk factor showed a statistically significant difference related to the development of GIH. Mean time to develop GIH was 46.15 hours (95% CI 36.1 to 56.1). Older patients had a higher risk of developing GIH than younger patients (HR=1.05; 95% CI 1 to 1.1; p=0.047). Regarding compliance and recommendations, only 21.87% of patients were initially monitored for glucose.

Conclusion and relevance Data obtained showed a high GIH cumulative incidence (53.12%) and no risk factor was associated with GIH, probably because of the size of the sample. However, the risk of developing early GIH increased with age. The low rate of compliance with the recommendations confirms the importance of implementing an easily applicable protocol that minimises this situation, especially in older patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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