

4CPS-235 SYSTEMIC CORTICOSTEROIDS IN THE TREATMENT OF SARS-COV-2 INFECTION

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10.1136/ejhpharm-2021-eahpconf.67

Background and importance SARS-CoV-2 infection has different stages and there are different targets for possible treatment. Corticosteroid therapy is one treatment, and information on the experience of hospitals in the first months of a pandemic can be very useful in providing more evidence for routine clinical practice.

Aim and objectives To describe the use of systemic corticosteroids in the treatment of SARS-CoV-2 infection as well as the characteristics of the treated population.

Material and methods This was a retrospective observational study conducted in patients with confirmed SARS-CoV-2 infection between March and May 2020. Variables collected were: sex, age, date of admission and hospital discharge, comorbidities (respiratory pathology, arterial hypertension (AHT), diabetes mellitus (DM)), concomitant treatment with remdesivir and/or tocilizumab, stay in intensive care unit (ICU) and/or hospital ward, type of corticosteroid administered, dose, treatment duration and length of hospital stay. Variables were obtained from the electronic medical record programmes.

Results 102 patients were studied, 84 on the ward and 18 in the ICU, 66% men, with a mean age of 63 ± 16 years. Eight patients had respiratory pathology, 44 AHT and 30 DM. Three patients received remdesivir and 55 tocilizumab. Classifying patients by comorbidities, corticosteroids were given to 63% of patients with respiratory disease, 41% with HT and 30% with DM. Regarding concomitant treatment, 33% of patients treated with remdesivir and 40% with tocilizumab received corticosteroids. In total, 30 patients received corticosteroid treatment, 23 on the ward and 7 in the ICU. On the ward, the mean daily dose of methylprednisolone was 122 mg/day, with a mean duration of 4.5 days, while for prednisone it was 18 mg/day, with a duration of 1.7 days. In the ICU, the mean daily dose of methylprednisolone was 112 mg/day, with a duration of 5.8 days, and for prednisone, 12 mg/day, with a duration of 5.8 days. One patient received a single dose of 8 mg of dexamethasone. Mean hospital stay for ICU patients who received corticosteroids was 39.3 days compared with 26.3 days for those who did not receive corticosteroids; on the ward, mean stay was 20.5 and 10.8 days, respectively.

Conclusion and relevance Patients treated with corticosteroids required longer hospital stays, especially for ICU patients. Methylprednisolone dose was similar in the ICU and on the ward, but treatment duration was longer in the ICU. A high percentage of patients with comorbidities and treatment with remdesivir and/or tocilizumab required subsequent corticosteroid treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-236 USE OF ETELALCETIDE IN PATIENTS UNDERGOING HAEMODIALYSIS

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10.1136/ejhpharm-2021-eahpconf.68

Background and importance Secondary hyperparathyroidism is a common complication in patients with chronic kidney failure undergoing haemodialysis. The use of calcimimetics is a suitable option for secondary hyperparathyroidism. Etelcalcetide is a synthetic peptide that binds to the calcium receptor causing a reduction in parathyroid hormone (PTH) secretion.

Aim and objectives To analyse the use of etelcalcetide in patients with secondary hyperparathyroidism due to chronic renal failure undergoing haemodialysis.

Material and methods A retrospective, descriptive, observational study was conducted including patients treated with etelcalcetide for a period of 6 months. The following variables were collected: demographics (age and sex); analytical measures (levels of PTH, corrected serum calcium and phosphate at the beginning of treatment and 6 months later; and therapeutic measures (initial average weekly dose of etelcalcetide and at 6 months and other concomitant treatments).

Results 45 patients were included with a mean age of 67 ± 11.7 years; 62.2% were men. The initial mean weekly dose of etelcalcetide was 9.2 ± 4.8 mg, increasing at 6 months to 10.5 ± 5.4 mg.

Initial laboratory values for all patients were: PTH 476.6 ± 328.6 pg/mL; corrected serum calcium 8.85 ± 0.64 mg/dL; and phosphate 4.86 ± 1.06 mg/dL. At 6 months, 25/45 patients (55.5%) had reduced PTH levels, with a mean percentage reduction of $25.7 \pm 19.8\%$. Of these 25 patients, 8 (40%) achieved a PTH reduction of $\geq 30\%$. Corrected serum calcium levels at 6 months decreased in 21/45 patients (46.7%), while phosphate levels decreased in 22/45 patients (49.9%). In addition, 25/45 patients (55.5%) were treated with a vitamin D analogue; 37/45 patients (82.2%) with phosphorus binders and 23/45 patients (51.1%) with both types of drugs.

Conclusion and relevance Etelcalcetide reduced PTH levels in more than 50% of the patients included in the study and can be considered an effective drug. Furthermore, the corrected serum calcium and phosphate concentrations remained within the optimal range in most patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-237 FEASIBILITY OF CONTINUOUS ADMINISTRATION OF ANTIMICROBIALS IN HOSPITAL: NOTHING IS EVER AS IT SEEMS?

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10.1136/ejhpharm-2021-eahpconf.69

Background and importance Continuous infusion (CI) of antimicrobials is increasingly applied because of the pharmacokinetic and practical advantages, including the rapid achievement of stable target serum concentrations, ease of sampling as levels are determined during steady state and simple interpretation of therapeutic drug monitoring.

Aim and objectives To assess medication administration practices related to CI of antimicrobials.

Material and methods During a 10 day prospective observational survey in March 2019, we enrolled all consecutive