

therapy. In addition, it was prescribed in patients with a higher D-dimer. Doses and number of administrations were higher in the first peak. New scientific evidence led to the use of different concomitant treatments in the second peak: corticosteroids (second peak dexamethasone versus first peak methylprednisolone) and antiviral therapy (only remdesivir in the second peak). In the second peak, hospital and ICU stays

were shorter, probably because tocilizumab was used in less serious patients. Despite this, no differences in mortality were observed. A study limitation was sample size.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Abstract 4CPS-338 Table 1

	1st peak	2nd peak
Median age (years)	64.8	63
Sex (n (%))		
Women	5 (13.9)	4 (13.8)
Men	31 (86.1)	25 (86.2)
Diagnosis (n (%))		
Bilateral pneumonia	31 (86.1)	23 (79.3)
Bilobar pneumonia	4 (11.1)	6 (20.7)
No pneumonia	1 (2.8)	0
ICU prescription* (n (%))	28 (77.7)	8 (27.6)
No ICU prescription* (n (%))	8 (22.2)	21 (72.40)
Charlson comorbidity index	3.1	3.1
APACHE (ICU patients)	8.0	10.2
FINE score (n (%))		
I	1 (2.8)	5 (17.2)
II	11 (30.5)	6 (20.7)
III	14 (38.9)	11 (37.9)
IV	7 (19.4)	6 (20.7)
V	3 (8.3)	1 (3.4)
Respiratory support at prescription time (n (%))	36 (100)	29 (100)
Mechanic ventilation (MV) (n (%))	19 (52.7)	2 (6.7)
VMASK (30–60%) (n (%))	8 (22.2)	9 (31)
Nasal cannula (n (%))	3 (8.3)	7 (24.13)
VMASK reservoir (n (%))	8 (22.2)	10 (34.48)
High flow oxygen (n (%))	0	1 (3.44)
PaO ₂ /FiO ₂	125.8 (n=26)	158.3 (n=22)
No distress (n (%))	0	3 (13.63)
Mild (n (%))	6 (23.1)	5 (22.8)
Moderate (n (%))	5 (19.2)	2 (9.1)
Severe (n (%))	15 (57.7)	12 (54.5)
Doses administered (mean)	1.5	1.1
Dose administered (mg)	594.4	545
Mean D-dimer prior to administration (ng/mL)	6401	2436
Mean ferritin prior to administration (ng/mL)	1642	1904
Median PCR prior to administration (mg/L)	346	132
Mean LDH prior to administration (U/L)	538	442
Mean PCT prior to administration (ng/mL)	0.38	0.12
Type of corticoid* (n (%))		
Dexamethasone	11 (31.4)	25 (86.2)
Methylprednisolone	24 (68.5)	4 (13.8)
Concomitant antiviral treatment* (n (%))		
None	0	24 (82.8)
Remdesivir	0	5 (17.2)
Other (lopinavir–ritonavir/hydroxychloroquine/azithromycin)	36 (100)	0
Median days hospitalisation	37	12
Median days ICU	14	9
Deceased day 28 (n (%))	11 (30.5)	9 (31.0)
VM day 28 (n (%))	2 (5.5)	1 (3.4)
Oxygen support day 28 (n (%))	6 (16.6)	1 (3.4)
No oxygen day 28 (n (%))	2 (5.5)	2 (6.7)
Not hospitalised day 28 (n (%))	15 (41.7)	16 (55.2)

*p<0.05

4CPS-339 INTRATHECAL ADMINISTRATION OF BACLOFEN FOR THE REDUCTION OF SPASTICITY

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Background and importance Muscle spasticity is a consequence of traumatic brain and spinal cord injuries, stroke, cerebral paralysis and multiple sclerosis. It interferes with mobility and causes pain. There are numerous approaches in the treatment of spasticity. Intrathecal baclofen administration, through the positioning of a programmable pump in the abdomen and a catheter near the spinal column, is an option to reduce spasticity. The pump releases the liquid form of baclofen directly into the intrathecal space of the spinal cord, obtaining higher concentrations than oral therapy.

Aim and objectives To evaluate the long term efficacy on the decrease in spasticity and improvement in patients' quality of life treated by neurosurgery until September 2020.

Material and methods An analysis was made of medical records of patients treated until September 2020. Data were collected on: diagnosis, baclofen dosage, complications and/or side effects, degree of spasticity and improvement in quality of life. To evaluate spasticity, the Ashworth scale was used, from grade 0 (no increase of tone) to grade 5 (rigid limb in flexion and extension), by measuring the value obtained before implantation of the pump and at follow-up. The care and comfort caregiver survey was used to measure the patient's ability to perform personal care activities.

Results Neurosurgery treated 91 patients, 39 women and 52 men, with an average age of 42 years. The diagnoses are: 31 perinatal hypoxia, 15 multiple sclerosis, 18 post-trauma, 5 surgical complications, 4 transverse myelitis, 4 haemorrhagic events, 3 ischaemic events, 2 genetic causes, 2 cardiac arrests, 2 complications in childbirth, 1 PKAN syndrome, 1 overdose in a drug addict, 1 poliomyelitis, 1 vertebral collapse and 1 post vaccine. Patients received a daily baclofen dosage of 40–1.350 µg. Side effects such as skin rashes were recorded due to overdose, and the appearance of itching and agitation due to too low a dose. Complications related to the pump were pressure sores, infections and reservoir malfunction. Ashworth's score at follow-up decreased by an average of 2.5 points with a consequent improvement in quality of life, confirmed by the results of the questionnaire.

Conclusion and relevance Intrathecal administration of baclofen was an effective system in the treatment of spasticity and had a positive impact on improving quality of life.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest