3MPP is a useful treatment option for patients who are adequately treated with the 1 monthly formulation of paliperidone palmitate (PP) but who may benefit from longer dosing intervals.

**Aim and objectives** To assess the appropriateness of 3MPP prescriptions and the effectiveness of treatment in our centre.

**Material and methods** This was an observational retrospective study of patients with a 3MPP prescription between January 2018 and July 2020. The variables used to evaluate appropriateness were the number of switches from PP to 3MPP, dosage and administration time. Effectiveness was evaluated by recording treatment interruptions, dose variations and switch back to PP. Data were extracted from an administrative database and collected in Excel.

**Results** 38 patients were included, 23 men (60.5%), with a mean age of 50±14 years. The dosages of 3MPP were: 175 mg in 5 patients (13.2%), 263 mg in 6 (15.8%), 350 mg in 18 (47.4%) and 525 mg in 9 (23.7%). In 30 patients (78.9%), the 3MPP prescription was appropriate. The number of switches was 35/38 (92.1%): 3 patients received a first prescription of 3MPP without a previous prescription of antipsychotic depot drugs from our centre. An appropriate dosage was selected in 33/35 patients (94.3%): 1 patient switched from PP 100 mg to 3MPP 263 mg and another from PP 150 mg to 3MPP 263 mg. An appropriate administration time was selected in 35/38 patients (92.1%): 1 patient took the drug every 4 months and two patients received only one administration of 3MPP. In total, six patients interrupted treatment (3 in 2019; 3 in 2020). Dose variation of 3MPP during treatment occurred in 2 patients: 1 switched from 3MPP 350 mg to 525 mg and the other from 3MPP 263 mg to 350 mg. Two patients returned to treatment with PP.

**Conclusion and relevance** Most of the 3MPP prescriptions were appropriate. This treatment has been shown to be effective in this setting where clinical diagnosis and therapeutic choice are not simple and medication adherence is a clinical challenge. The intervention of the pharmacist by auditing prescriptions is important to further increase appropriate treatments in these patients.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest

---

**4CPS-346 MANAGEMENT OF BRONCHIOLITIS IN HOSPITALISED CHILDREN**

M Aznar García, F Avila Cabrera, D Rubio Calvo, MA Castro Vida*, A Martos Rosa, M Herrera Exposito. Empresa Pública Hospital De Poniente, Pharmacy, El Ejido Almería, Spain

10.1136/ejhpharm-2021-eahpconf.177

**Background and importance** Bronchiolitis is a common cause of hospitalisation in infants. Clinical guideline recommendations are based on supportive treatment. Pharmacological treatment is reserved for severe cases.

**Aim and objectives** To analyse the prescription of recommended drugs used for the treatment of bronchiolitis in bronchiolitis patients under the care of the paediatric service (PS).

**Material and methods** A retrospective observational study was conducted in a regional hospital. We selected drugs recommended by paediatrics guidelines. Bronchiolitis inpatients with any of these drugs prescribed by the PS during January 2020 were included. Data collected were: demographics, length of admission, respiratory syncytial virus (RSV) test results, bronchiolitis treatment, oxygen therapy, oxygen saturation, respiratory rate, wheezing, accessory muscles use and antibiotic therapy. Bronchiolitis treatment was classified according to its therapeutic activity: bronchodilators: epinephrine, salbutamol, and ipratropium; glucocorticoids: methylprednisolone and prednisolone; and hypertonic serum (SH). Patients were classified according to the Wood–Downes severity scale (WDS) and the prescribed treatment. The data were collected from the electronic prescription programme and digital medical records.

**Results** 48 patients were included, 25 (52%) females, mean age 3 months (0.77–11). Average stay was 4 days (1–7). 34 (70%) patients were positive for RSV and 2 (5%) were also positive for influenza A virus. Patients classified according to the WDS scale and mean number of drugs during admission were: patients with a mild condition 8 (16%), 2.25 drugs; patients with a moderate condition 2.3 (47%), 2.08 drugs; and patients with a severe condition 17 (35%), 2.64 drugs. Drugs during admission for all patients included: 3 (6%) patients were treated with palivizumab previously, 2 in the previous season and 1 in the current season; 6 (12%) were treated with antibiotic therapy alone or in combination (6 (100%) clavulanic amoxicillin, 3 (50%) ampicillin, 1 (2%) cloxacillin and 1 (2%) cefotaxime); 46 (95%) patients were treated with SH; 35 (73%) with adrenaline; 18 (37%) with salbutamol and 14 (29%) with corticosteroid therapy. 35 (73%) inpatients received oxygen therapy during admission and the mean PO2 on admission for these patients was 94%. Mean PO2 at admission for patients who did not receive oxygen therapy was 96%.

**Conclusion and relevance** There were no differences between patient severity and number of prescribed drugs. The study highlighted the prescriptions of salbutamol and adrenaline despite the limited evidence of use in bronchiolitis. In our study, oxygen therapy was applied when oxygen saturations were above recommendations. The treatment used in bronchiolitis should be reviewed, promoting a rational use of the drug and therapies based on evidence, avoiding over medication.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest

---

**4CPS-346 EVALUATION OF THE IMPLEMENTATION OF ‘INHALER INTERVIEWS’ DURING MEDICATION RECONCILIATION IN THE PNEUMOLOGY SERVICE**

L Chebek*, C Jonmeaux, V Dehondt, P Guillain. Centre Hospitalier De Douai, 59507, Douai, France

10.1136/ejhpharm-2021-eahpconf.178

**Background and importance** At the request of the pneumology specialists, we managed to set up medication reconciliation in the service. Taking advantage of this new activity, we proposed to evaluate patients’ ability to use their inhalers.

**Aim and objectives** The objectives were to promote the correct use of inhalation devices and to ensure proper patient management.