

4CPS-353 COLLABORATION BETWEEN HOSPITAL AND COMMUNITY PHARMACISTS ABOUT DISCHARGED PATIENTS: A PILOT STUDY

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Background and importance Clinical pharmacist services (CPS) are increasingly used in optimising patients' medications at hospital admission and during the hospital stay. However, some drug related problems (DRPs) are not always solvable in the hospital, but community pharmacists (CPs) and hospital pharmacists (HPs) may collaborate to follow-up and resolve these DRPs post discharge.

Aim and objectives To analyse the nature and type of DRPs referred by HPs to a CP for follow-up post discharge.

Material and methods The study was conducted on four acute hospital wards in Region Zealand, involving 11 HPs. The HPs conducted their usual CPS at admission and wrote a referral meant for the CP with information about DRPs to be followed up post discharge. Additionally, data were gathered on patient age, gender and number of medications, and analysed using descriptive statistics. The identified DRPs were classified according to the PCNE-DRP Basic Classification (V.9.1). In addition, the referrals were analysed and categorised into themes.

Results The HPs made a total of 132 referrals in the period from October 2019 to March 2020. The majority of patients were ≥ 50 years old (88%) and took an average of 10 (0–23) medications. On average, 1 (1–8) DRP was identified per referral. The most used combination of the P, C and I codes where P1 (treatment effectiveness), C7 (patient related) and I2 (intervention on patient level). The ATC codes most often involved in the identified DRPs were R03, A02 and N02. Six themes were identified from the qualitative analysis 'counseling on medication use', 'non-adherence', 'medication discrepancies', 'dialogue with the general practitioner', 'referral to existing community pharmacy services' and 'other'.

Conclusion and relevance HPs identify various DRPs to be referred to the CP post discharge. The DRPs were related to the patient, especially to adherence and correct administration of devices meant for respiratory illnesses. Additionally, the HPs were aware of existing services that might be used to solve the DRPs post discharge. Under normal circumstances, these DRPs might not have been identified after discharge in the community pharmacy, which highlights the importance for more collaboration between HPs and CPs in care transitions

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-354 EFFICACY AND SAFETY WITH ERENUMAB AND GALCANEZUMAB: OUR EXPERIENCE

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Background and importance Calcitonin gene related peptide (CGRP) receptor inhibitors are a new group of drugs that have been included for migraine pharmacotherapy and migraine prevention. Erenumab and galcanezumab have notable individual variance and we wanted to explore this effect and also their safety.

Aim and objectives To assess the efficacy and safety of the CGRP receptor inhibitors erenumab and galcanezumab.

Material and methods In this 6 month observational retrospective study (January to June 2020), based on patient interviews, we obtained demographic parameters, reduced monthly migraine days (RDMM), a response rate of 50% (TR50) and adverse effects during treatment. RDMM are calculated by subtracting the migraine days 4 weeks before starting the treatment from the monthly migraine days between weeks 9 and 12 of treatment. TR50 are patients who achieved at least a 50% reduction in monthly migraine days in comparison with their initial condition.

Results 31 patients were registered with a mean age of 43.9 years (± 12.1), 77.4% were women and 22.6% were men. 66.7% (n=22) of patients were treated with erenumab and 33.3% (n=9) with galcanezumab. The RDMM for erenumab was -10.5 days (-17.1 ; -3.9) and a TR50 of 81.8% (n=18). For galcanezumab, the RDMM was -5.5 days (-8.6 ; -0.8) and a TR50 of 33.3% (n=3). The most frequent adverse reactions to erenumab were constipation (31.8% (7)) and erythema at the injection site (9.1% (2)); for galcanezumab, it was erythema at the injection site (22.2% (2)).

Conclusion and relevance Despite the disparity between the sample sizes of both drugs, in our study erenumab showed greater reduction in migraine days in comparison with patients treated with galcanezumab. Both drugs were safe in all patients, showing mild adverse reactions that did not require intervention.

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4CPS-355 EVALUATION OF PATIENTS CONSULTING THE EMERGENCY DEPARTMENT FOR BRADYCARDIA RELATED TO MEDICATION

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Background and importance Drug related problems are one of the main causes requiring assistance by the emergency units (EU), with bradycardia being one of the most frequent presentations. However, information related to the frequency of revisits to the EU depending on treatment changes at discharge is scarce.

Aim and objectives To describe the treatments that cause visits to the EU for bradycardia and to identify the interventions carried out and the revisits to the EU 30 days after discharge.

Material and methods A retrospective observational study was carried out in patients who attended the EU of a tertiary hospital for drug related bradycardia from September 2018 to March 2020.

Results 41 patients with a mean age of 81.2 years (range 55–96) undergoing treatment with negative inotropic drugs were