Conclusion and relevance This study showed that more than half of the patients on ASC suffered from moderate to severe dry eye, and that adherence to treatment was satisfactory, even for treatments administered for more than 7 years. This work leads us to study the possibility of assessing more generally the impact of ASC treatment on patients' quality of life.

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Conflict of interest No conflict of interest

4CPS-263 EVALUATION OF THE EFFECTIVENESS AND SAFETY OF SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS TOCILIZUMAB

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Background and importance In the context of the COVID-19 pandemic, one of the strategies implemented to minimise patient visits to health centres was switching the administration of tocilizumab (TCZ) from intravenous (IV) to subcutaneous (SC).

Aim and objectives To evaluate the effectiveness and safety of switching from IV to SC TCZ.

Material and methods Retrospective observational study conducted in a tertiary hospital including patients receiving active treatment of IV TCZ during the period March–April 2020.

Data were collected on the following variables: age, sex, pathology, switching to SC TCZ, switching back to IV administration, physician assessment or patient self-assessment, as well as adverse reactions. The follow-up period was 1 year.

Results A total of 45 patients were included, with a median age of 54 (40–62) years. Women represented 85%.

Patients included were diagnosed with rheumatoid arthritis (49%), juvenile idiopathic arthritis (18%), Graves disease (13%), lupus (2%), spondylarthritis (2%) and other diagnoses (16%). The prescribing physicians were rheumatologists (62%), internists (24%) and paediatricians (13%).

Of 45 patients, 71% (n=32) switched to SC TCZ during the study period. 86% of rheumatology, 83% of paediatrics and 27% of internal medicine patients changed to SC TCZ.

Aggravation after switching to SC TCZ was reported in 7/32 (22%) cases (5 with rheumatoid arthritis and 2 with juvenile idiopathic arthritis). All of these switched back to IV administration, plus 4 additional patients for undetermined reasons. Of those who switched back to IV administration due to clinical worsening, 4 reported improvement afterwards.

Regarding safety, only 2 patients suffered adverse reactions after switching to SC (injection site reaction, palpitations, tremor and oedema). Neither of them switched back to IV administration.

Conclusion and relevance One-fifth of the patients reported loss of effectiveness when changing from IV to SC form, and one-third switched back to IV administration. Regarding safety, the toxicity profile of both forms was similar to other studies.

The effectiveness results observed are in contrast with the MUSASHI study, which did not report loss of efficacy after switching from IV to SC. However, effectiveness was not measured using the internationally validated ordinary objective scales (DAS28, CDAI), but physician subjective assessments or patient self-assessments, which represents a significative limitation for our study.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-266 DETECTION AND FOLLOW-UP OF DRUG-RELATED PROBLEMS FOR PATIENTS WITH CARDIOVASCULAR DISEASE: A STUDY OF THE MEDICINE START SERVICE IN HOSPITAL PHARMACIES

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Background and importance Medication treatment of cardiovascular disease (CVD) commonly consists of multiple drugs in long-term use, which efficiently reduces mortality and morbidity. Optimal treatment is often not achieved due to poor adherence and drug-related problems (DRPs). DRPs are defined as "an event or circumstance involving drug therapy that actually or potentially interferes with desired health outcomes". Medicine Start Service (MSS) is a government-funded pharmacy service, free of charge for all patients with a new CVD medication, that aims to improve patient safety. Patients are offered two consultations with a pharmacist, focusing on DRPs and beliefs and concerns about their new medication. Whether MSS is efficient to detect DRPs is unknown.

Aim and objectives To assess the number and nature of DRPs detected during MSS consultations, and to map out how pharmacists followed up those DRPs.

Material and methods A prospective, uncontrolled, multicentre, intervention study was conducted from September 2019 to February 2021 in three pharmacies based in different hospitals. Adult patients filling a first-time prescription for one or more CVD medications were offered a consultation with a pharmacist 1–2 and 3–5 weeks after initiating treatment. The consultation was conducted in the pharmacy or by telephone and followed the national MSS semi-structured interview guide. DRPs were registered and classified into seven different categories according to a modification of the system developed by Ruths *et al*.[1]

Results A total of 67 patients completed consultation 1 and 2. Pharmacists detected 83 and 67 DRPs in consultation 1 and 2, respectively. DRPs related to adverse drug reactions (ADR) were most frequent (41.3%), followed by lack of knowledge about medication and disease (21.3%) and medicine use (12.0%). The pharmacists followed up 90.1% of the DRPs independently, most frequently by giving advice and counselling (60.1%), and conferred or referred to a doctor in 9.9% of cases.

Conclusion and relevance Pharmacists detected relevant DRPs in a majority of patients with newly started CVD medicines, including ADRs and problems related to medicine use. Early detection of such problems may be of importance for patient safety in the critical phase of transition from hospital to community.

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4CPS-267 DESIGN, IMPLEMENTATION AND EVALUATION OF A MEDICATION COUNSELLING SERVICE BY PHARMACISTS USING TEACH-BACK AT HOSPITAL DISCHARGE

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Background and importance Pharmacists can utilise teach-back as a method to enhance patients' understanding of medication counselling at hospital discharge. However, the evidence regarding its impact on patient outcomes is inconsistent, and there is no standardised approach in the literature to implement pharmacist-led discharge medication counselling, with limited descriptions of pharmacist training reported.

Aim and objectives To develop and implement a standardised discharge medication counselling service utilising the teach-back method, and to evaluate feedback from patients and pharmacists regarding the service.

Material and methods A standardised procedure and checklist were developed for the discharge medication counselling process. Participating pharmacists were trained on teach-back by undertaking an online education module and watching a video created by the research team which demonstrated teach-back. Pharmacists provided discharge medication counselling to patients using teach-back and provided a patient-friendly list of medication changes to take home. To attain feedback on the intervention, patients were surveyed via telephone within 7 days of discharge and intervention pharmacists completed an anonymous online survey.

Results Thirty-two patients participated in the study, with a mean age of 57 (19–91) years and mean Charlson Comorbidity Index score of 3 (0–8). Two-thirds of patients received medication counselling on antithrombotics. The mean counselling time was 24 min/patient (SD 12 min, range 7–60 min). All patients responded to the survey, whereby 94% had increased confidence regarding medication knowledge and 91% understood what potential side effects to be mindful of at home. Overall, 94% of patients were satisfied with the discharge medication counselling experience and with the information provided. Eight of the nine intervention pharmacists (89%) agreed they were given adequate training and that teach-back was feasible to apply in practice.

Conclusion and relevance This is the first study to evaluate patients' perspectives on teach-back medication counselling by pharmacists. Despite the small sample size, the included patients were diverse in terms of age and comorbidities, and most patients experienced positive outcomes from the discharge medication counselling. With the standardised approach and a comprehensive description of the training, this study can be used to guide the development of discharge medication counselling services using teach-back in future.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-269 ANALYSIS OF RECURRENCES AND RISK FACTORS IN INFECTION BY *CLOSTRIDIUM DIFFICILE*

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Background and importance Recurrences in *Clostridium difficile* infection (CDI) involve increased morbidity and high costs for the healthcare system.

Aim and objectives Analysing the risk of recurrence in patients with CDI according to the prediction scale proposed in the 2020 clinical practice guideline of the Spanish Society of Chemotherapy, Internal Medicine and Anaesthesia and Reanimation. To check whether the calculated risk corresponds to the recurrences presented and to establish the main risk factors observed.

Material and methods Hospitalised patients with CDI were selected from 1 February 2019 to 30 April 2020. The collected data were: sex, age, antibiotics in the previous 3 months and concomitantly with vancomycin or fidaxomicin, immunosuppression, severity (leukocytes >15 000/mm^3 or creatinine >1.5 mg/dL), duration of diarrhoea, inflammatory bowel disease (IBD), liver cirrhosis and neoplasia. Recurrence was defined as a new episode of CDI 2–8 weeks after the first episode. The risk of recurrence was calculated using the scale: 1 point for >65 years, immunosuppression, severity, concomitant antibiotics and diarrhoea >5 days: 2 points if episode during previous year, neoplasia, IBD and liver cirrhosis; 3 points if recurrence. A score ≥3 is considered high risk of recurrence.

Results 69 patients with CDI were identified (54% women and 46% men); the median age was 65 years. 88% of patients received antibiotics during the previous 3 months: 39% quinolones, 34% third-generation cephalosporins, 26% amoxicillin-clavulanic acid, 26% piperacillin-tazobactam and 20% carbapenems. Of the 69 patients identified, 20 recurrences were observed, 9 of them with a score ≥3, which represents a degree of coincidence between the scale and the patients studied of 45%. Of the total sample, 36 patients had a score ≥3, and 9 of them had a recurrence (25%). Of the patients with recurrences, the following risk factors were identified: 50% presented immunosuppression, 40% neoplasia, 30% concomitant antibiotics; and 40% of the subjects had neoplasia and immunosuppression.

Conclusion and relevance The calculated risk of recurrence does not correspond to the results obtained in the analysed sample. The choice of treatment should be guided by the patient's individual risk factors.

Immunosuppression and neoplasia are the main risk factors for recurrence, increasing the risk when both situations coexist.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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