most cases to other reasons, such as COVID-19 infection, coinciding with the recovery of the problem that causes it rather than to treatment with fondaparinux. Following the low proportion of requests for antigenic tests to confirm HIT, we consider it vitally important to promote these tests, which would avoid overdiagnosis in most patients and stop the use of such a common and useful drug, heparin, when thrombocytopenia is not in fact due to this cause.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**
**Conflict of interest** No conflict of interest

## 5PSQ-019 ASSESSMENT OF THE LEVEL OF KNOWLEDGE AND MOTIVATION IN HOSPITAL CENTRE STAFF FOR GETTING VACCINATED AGAINST SARS-COV-2

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**Background and importance** When there were still some doubts in the population about the efficacy and safety of the approved vaccines for SARS-CoV-2, healthcare professionals were among the first to be vaccinated in our country.
**Aim and objectives** To analyse the level of knowledge and motivation in hospital staff for getting vaccinated against SARS-CoV-2 with the administered COVID-19 mRNA vaccine.
**Material and methods** Descriptive, observational and retrospective study. All hospital staff vaccinated with COVID-19 mRNA vaccine and who had signed the informed consent for data collection were included. Through telephone interview, sociodemographic data (sex, age) were collected and also questions about: (1) motivation for getting vaccinated; (2) previous knowledge about the possible AEFI (Adverse Event Following Immunisation); (3) technical information (TI) about the vaccine prior to first dose, to second dose and after the second one; (4) anxiety/fear/worry about being vaccinated; (5) probability of being vaccinated again, if necessary and (6) if medication was taken to alleviate symptoms. The level of agreement or disagreement with the question made was considered using a Likert scale. Related qualitative variables were analysed using the Chi-square technique. $p<0.05$ was established as statistically significant.
**Results** About 108 (88.5%) hospital staff were vaccinated. About 66 (61.1%) workers (81.8% women) with a mean ages of 42.7±10.7 years completed the interview and were included in the study. About 65 (98.5%) belonged to the 18–65 years age group.

About 40 (60.6%) workers took medication for alleviate symptoms. Correlations were significant between (1) level of knowledge about AEFI and level of motivation for getting vaccinated, (2) level of TI and taking medication to alleviate symptoms and (3) level of motivation and probability of being vaccinated again if necessary. It seems that (1) more knowledge about AEFI means to be more motivated to be vaccinated ($p= 0.037$) and (2) more level of TI means to have more desire to get vaccinated again, if necessary ($p=0.001$) and also less use of drugs to relieve symptoms ($p=0.027$).
**Conclusion and relevance** Nearly 90% of our hospital staff were vaccinated against SARS-CoV-2. Knowledge about the AEFI determined the motivation for getting vaccinated. Besides, the level of the staff's motivation determined less consumption of medication to alleviate symptoms, as well as a greater trend to receive a new vaccine dose, if necessary.

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**Conflict of interest** No conflict of interest

## 5PSQ-021 PATIENT'S AND PHYSICIAN'S ACCEPTANCE OF A PHARMACIST-LED INTERVENTION TO REDUCE ANTICHOLINERGIC BURDEN

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**Background and importance** The anticholinergic burden has been repeatedly associated with adverse events in elderly patients.
**Aim and objectives** We aimed to determine the acceptance of a pharmacist-led intervention to reduce the anticholinergic burden.
**Material and methods** Design: interventional prospective study carried out from January to May 2021.

Population: institutionalised patients from a Spanish nursing home.

Variables collected: sex, age, prescribed drugs, prescribed anticholinergic drugs (ADs) according to Drug Burden Index (https://www.anticholinergicscales.es/), Charlson Comorbidity index, Barthel index, intervention proposals and intervention acceptance.

Pharmacists led the design of the treatment interventions: every patient was interviewed and their treatment reviewed; the pharmacist then proposed treatment modifications of ADs on deprescription (withdrawal, dose reduction or switch), these modifications were evaluated by physicians and later offered to patients.

The study was carried out according to national ethical standards, and patients' written consents were collected.

Statistical analyses were carried out with Pearson's Chi-square test.
**Results** Overall, of 157 patients who resided in the nursing home, 99 (63.1%) received anticholinergics and were assessed for intervention. 59.6% men, mean age 72.5±7.9 years, median Charlson Comorbidity index: 2 (0–9), mean Barthel index: 88.0±15.2. Median prescribed drugs: 10 (1–19), median prescribed ADs: 2 (1–5).

Treatment modifications were proposed for 37 patients who received a total of 85 ADs. Overall, 97 treatment modification proposals were designed.

39 interventions were finally accepted. No statistically significant differences in acceptance were found according to intervention design ($p>0.05$).

The ADs most frequently proposed for intervention were: tramadol (15), pregabalin (9), lorazepam (8), alprazolam (8) and tamsulosin (7).

Interventions over anxiolytics and sedatives were rejected significantly more often by patients when compared to other drugs ($p<0.005$).
**Conclusion and relevance** A significant percentage of physicians and patients rejected the proposed interventions. The success of the intervention was limited by the patient's rejection,

**Abtsract 5PSQ-021 Table 1**

| Interventions | Intervention proposals | Accepted by physicians | Accepted by patients |
|---|---|---|---|
| Withdrawal | 47 (48.4%) | 28 (59.6%) | 22 (46.8%) |
| Dose reduction | 41 (42.3%) | 22 (53.7%) | 12 (29.3%) |
| Switch | 9 (9.3%) | 5 (55.6%) | 4 (44.4%) |
| Total | 97 | 56 | 39 |

particularly in treatment modifications of anxiolytics and sedatives.

This study suggests that pharmacists may find it difficult to achieve anticholinergic burden reductions by suggesting AD changes to physicians and patients.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**
**Conflict of interest** No conflict of interest

## 5PSQ-022 DESENSITISATION PROTOCOL FOR ADALIMUMAB IN ARTHROPATHIC PSORIASIS: A CASE REPORT

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**Background and importance** Desensitisation protocols allow the induction of tolerance to a drug causing hypersensitivity, achieving adequate administration of the treatment and avoiding the loss of a therapeutic alternative.
**Aim and objectives** To describe a desensitisation protocol for subcutaneous adalimumab.
**Material and methods** A 51-year-old women diagnosed with arthropathic psoriasis (AP) failed multiple different lines of treatment (apremilast, secukinumab, adalimumab, etanercept, tofacitinib) due to allergic reactions. Given the limited therapeutic alternatives, adalimumab was restarted, presenting again a hypersensitivity episode represented as a maculopapular eczematous reaction. The allergologist proposed a desensitisation regimen to adalimumab to induce tolerance to the drug.
**Results** A desensitisation protocol (DP) was designed to progressively reach the therapeutic dose of 40 mg. The protocol consisted of six doses of increasing concentration administered one every 15 days. Doses were prepared from a 40 mg/0.8 mL vial of adalimumab. Dilutions were made with sterile water to prepare five solutions of increasing concentration: 0.5 mg/mL, 1.25 mg/mL, 5 mg/mL, 10 mg/mL and 20 mg/mL. The first three solutions (0.5 mg/mL, 1.25 mg/mL, 5 mg/mL) were obtained by taking 0.5 mL from the vial and diluting with sterile water to a dilution of 5 mg/mL. From this concentration the required doses were obtained. The fourth and fifth solutions (10 mg/mL, 20 mg/mL) were obtained by taking 0.8 mL from the vial and diluting with sterile water to the final concentration. For the sixth dose (40 mg/0.8 mL) the entire vial was used and no dilution was required.

The DP was administered by the allergologist at the hospital. Premedication consisted of antihistamines and corticoids administered on the same day as the PD. After each administration, the observation time for adverse reactions was at least 1 hour. During the administration cycles the patient had no adverse reactions. After the six doses of DP, the patient continued with the usual dose of adalimumab 40 mg/0.8 mL for 6 months, administered at home. No adverse reactions were observed. She showed clinical and analytical improvement, with the prospect of continuing the treatment.
**Conclusion and relevance** DP for adalimumab was successful. The use of DP allowed an adequate and safe administration of adalimumab, avoiding the loss of a therapeutic line in a patient diagnosed with AP with very few treatment options.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**
**Conflict of interest** No conflict of interest

## 5PSQ-023 NEUTROPENIA AS AN INDICATOR OF TRIFLURIDINE-TIPIRACIL EFFICACY IN METASTASIC COLORECTAL CANCER

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**Background and importance** Trifluridine-tipiracil (TAS102) is indicated in third- and/or fourth-line metastasic colorectal cancer (mCRC) after progression with standard treatments based on overall survival benefit shown in the RECOURSE and J003 studies. Longer survival is shown in patients who develop neutropenia as a toxicity.
**Aim and objectives** Analysis of correlation between efficacy of TAS102 and neutropenia.
**Material and methods** 43 patients with mCRC treated with this drug between January 2018 and September 2021 at Juan Ramón Jiménez Hospital (Huelva). Variables described: age, sex, KRAS mutation, performance status (PS), line of treatment and toxicities. Relationship between overal survival (OS) and progression-free survival (PFS) and the grade of neutropenia analysed by means of a Cox regression analysis, obtaining a hazard ratio. Survival medians presented using Kaplan–Meier curves.
**Results** Median age, 66 years. 58.3% were men. Only 6 patients with PS >2. 97.5% had neutropenia (51.3% grade 1, 41% grade 2 and 7.7% grade 3). All patients progressed, 79.1% have died to date.

The regression analysis was statistically significant (p=0.05); the variables grade of neutropenia and G3 neutropenia (neutrophils <1000–500/mm$^3$ according to CTCAE) were significant for overall survival (p=0.009; HR 2.83; CI 1.35 to 5.9, p=0.028; HR 5.36; CI 1.199 to 23.985, respectively). There was also a correlation between PFS and neutropenia (p=0.004) but not with degrees of neutropenia.

The median OS in patients with neutropenia G2 was 1.8 months (CI 0.67 to 3.61) and 5.3 months for G3 neutropenia (CI 8.6 to 25.27). Median PFS for patients with neutropenia G2 was 2.6 months (CI 1.09 to 4.66) and 4.6 months for G3 neutropenia (CI 2.59 to 6.58).
**Conclusion and relevance** Neutropenia is a common adverse effect and the main dose-limiting toxicity. Data published in a Japanese series (Yohei Nose *et al*; Katsuya Makihara *et al* and T. Yoshino *et al*) have suggested a correlation between severity of neutropenia and survival. Similar outcomes were obtained in our study, with more favourable data mainly in OS in patients with grade 3 neutropenia. We understand neutropenia to be a possible efficacy predictor for TAS-102. More studies with a larger number of patients are necessary.