cancer (mCRC) patients with the *UGT1A1*1/*1* and **1/*28* genotypes treated with the FOLFIRI scheme.

Material and methods A systematic review was carried out in Medline. The quest was done for articles published up to November 2020. MeSH terms used were: irinotecan and UGT1A1. Methods used were based on those recommended according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). We searched for randomised clinical trials (RCTs) and observational studies. Four reviewers independently assessed the eligibility of each study. To assess the methodological quality of the RCT and the observational studies included, the Jadad and the Newcastle-Ottawa (NOS) scales were used, respectively.

Results Search strategy reported 595 references, of which 13 were selected for analysis, 7 (53.8%) evaluating both efficacy and safety and 6 (46.2%) only safety. In relation to the studies that evaluated efficacy and safety, 6 (85.7%) were in favour of increasing the dose in terms of objective response rate (ORR) and progression-free survival (PFS), and even in one of them, in overall survival (OS). Studies evaluating safety suggested that doses of irinotecan greater than 180 mg/m^2 are tolerated by most *UGT1A1*1/*1 and *1/*28* patients. Of all the studies analysed, only one of them showed greater toxicity (grade $\geq$3) in the group with increased doses of irinotecan compared to the control group.

Conclusion and relevance The present systematic review shows the convenience of assessing the irinotecan dose adjustment within the FOLFIRI scheme based on U*GT1A1* polymorphisms, with a potential increase in the probabilities of an adequate clinical response.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-042 TOXICITY OF REMDESIVIR AS TREATMENT OF NON-CRITICALLY ILL COVID-19 PATIENTS

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Background and importance Remdesivir is currently included in clinical guidelines for COVID-19 treatment. Although safety data were published in ACTT-1, the toxicity of this drug in regular clinical practice is still unknown.

Aim and objectives In this study we aimedd to describe remdesivir's toxicity in patients only requiring supplemental low-flow oxygen (no high-flow oxygen requirements or other non-invasive ventilation at start of treatment).

Material and methods Retrospective cohort including patients treated with remdesivir following Spanish Medicines and Health Products Agency criteria (non-critical patients requiring low-flow oxygen) between August and October 2020 in a tertiary-level hospital. Exclusion criteria were being under 18 years of age and participation in clinical trials with remdesivir. The percentage of adverse reactions occurring in the 14 days following on from the beginning of treatment was the primary outcome. Secondly, the number of treatment discontinuations were assessed. Categorical variables were expressed as proportions while continuous values were formulated as median and interquartile range (IQR).

Results 264 patients were included (59.2% men, mean age 66 years; IQR 54–82). In the 14 days following on from the beginning of treatment, an adverse reaction (AR) was reported in 146 (55.3%) patients. In 91 (34.5%) of them it was grade $\geq$2 AR, in 31 (11.7%) grade $\geq$3 and in 8 (3.0%) of them grade $\geq$4. Median of days until toxicity began was 3.5 days (IQR 1.2–9.0). The most common AR was an increase in transaminases, which happened in 114 (43.2%) patients, 29.1% of them being grade $\geq$3 and 3.9% grade $\geq$4. Regarding renal toxicity, an increase in serum creatinine occurred in 51 (19.8%) patients, 27.5% of them being grade $\geq$3 and 9.8% grade $\geq$4. One patient suffered a grade 3 anaphylactic reaction during infusion and another one developed hepatitis during the follow-up period. Two more patients suffered gastrointestinal toxicity (grade 1–2 nausea and diarrhoea). During the study period, 31 (12.1%) patients discontinued remdesivir treatment,12.5% of them due to AR or toxicity related to the drug.

Conclusion and relevance Increased transaminases was the most common AR in this population, matching remdesivir's European Public Assessment Report (EPAR) specifications, followed by an increase in the serum creatinine levels (frequency not detailed on the EPAR). However, only 12.5% of treatment discontinuations were due to adverse reactions or toxicity linked to remdesivir. Further investigation is needed to unravel the degree of involvement of the drug in this toxicity.

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5PSQ-043 BENZODIAZEPINES AND HYPNOTIC ANTIPSYCHOTICS IN A PSYCHIATRIC HOSPITAL

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Background and importance Benzodiazepines are the most prescribed psychotropic drugs as anxiolytics (with excessive sedation as the main adverse effect), which leads to their possible abuse and dependence, and constitutes a major problem especially among patients who are under regular psychopharmacological treatment.

Aim and objectives To analyse the prevalence of prescription benzodiazepines (BZD) prescribed in a psychiatric hospital, as well as their association with other hypnotic drugs.

Material and methods Descriptive cross-sectional study of the prescriptions of admitted patients. A database was created with the information: history, sex, age, diagnosis, prescribed BZD and concomitant sedative antipsychotics. Statistical analysis was performed with the SPSS program and degree of significance p≤0.05.

Results 150 patients, 87 (58.0%) men and 63 (42.0%) women, with a mean age of 44.2±12.8 years.

Mean BZD/patient of 1.9±0.8. Total number of prescriptions with BZD was 138 (92.0%), of which 2 (2.3%) corresponded to BZD of short duration, 78 (56.5%) to BZD of intermediate duration and 102 (73.9%) at least one long-acting BZD.

43.3% (n=65) received monotherapy, and a combination of hypnotic BZD plus anxiolytic 49.3% (n=74) (χ^2=24.1; p<0.01).

Prevalence of each BZD: use as hypnotics (flurazepam, lormetazepam and ketazolam) 98 (65.3%) and as anxiolytics (clorazepate, diazepam and lorazepam) 115 (76.7%). 63.9% of prescriptions were conditional on whether the patient needed them.

The significantly (p<0.05) hypnotic antipsychotic most used in conjunction with BZD was clotiapine 35 (23.3%), followed by levomepromazine 9 (6.0%), quetiapine 5 (3.3%), olanzapine 3 (2.0%) and haloperidol 2 (1.3%).

Conclusion and relevance High percentage of long-acting BZD prescriptions (73.9%). The most frequent side effects when using BZD with their long-half life are when the duration of the treatment is prolonged and if they are combined with other psychoactive substances such as alcohol or toxic substances.

BZDs are significantly more associated with clotiapine than other antipsychotics with a sedative profile such as levomepromazine, quetiapine or olanzapine.

The available scientific evidence indicates that BZDs are effective in the short-term treatment of anxiety and insomnia, and their prolonged use is considered, in general, inappropriate as it is not exempt from risks: mental and physical dependence, tolerance and withdrawal syndrome, traffic accidents, falls, hip fractures and cognitive impairment.

Possible interventions aimed at suspending BDZs include: substitution with other drugs, psychological support, oral recommendations, written review of medication guidelines, educational interventions, and dose reduction.

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5PSQ-044 CONCILIATION AND PHARMACEUTICAL CARE ON DISCHARGE IN THE PSYCHIATRIC PATIENT

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Background and importance During the pharmacotherapeutic process of patients, various drug-related problems (DRPs) may appear, some inherent to the drug itself and others derived from healthcare. 25% of medication errors in hospitalised patients are due to an incorrect reconciliation of medication at admission[1].

Aim and objectives Guarantee that patients receive the necessary chronic and hospital medications, avoiding duplications and interactions between them.

Promote adherence to treatment through oral and written pharmacotherapeutic information (FTI) upon discharge.

Material and methods Comprehensive pharmaceutical care was divided into two actions:

1 Reconciliation of medication at hospital admission: avoid DRPs that occur in the transmission of FTI between the different levels of care through the process called medication reconciliation.

2 Reconciliation and FTI, oral and written, at hospital discharge: the medication prescribed at discharge is compared with that registered during admission and FTI is provided at discharge, oral and written, to the patient and/or caregiver.

Main sources of information: clinical history, reports from medium/long stay centres, electronic prescription and personal interview with patients/relatives.

Results The average stay in the short-stay unit was 14 days. The most prevalent pathologies were: schizophrenia, followed by schizoaffective and personality disorders.

Over 6 months, all the patients admitted to the psychiatric hospital were registered, a total of 246 patients with a mean age of 45.4 (range 17–86) years and an average number of medications/patient of 7.

Primary and specialised care medication was reconciled for all of them, resulting in 170 interventions/discrepancies, and of 96 prescriptions 97.6% (166) were accepted.

During the indicated period, 24 patients (19.6%) met the FTI requirements at discharge.

Conclusion and relevance Coordination and direct and active communication between the different healthcare professionals involved in patient care increases the quality of their healthcare.

The integration of the liaison pharmacist in the hospitalisation units allows safe and efficient use of medicines. Likewise, it brings the work of the pharmacist closer to hospitalised patients, facilitating and expanding pharmaceutical care in the hospital and during care transitions.

Added value of improving adherence to treatment: the patient is provided with knowledge of their treatment through oral and written information at the time of discharge.

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Conflict of interest No conflict of interest

5PSQ-045 ANALYSIS OF ANTIPSYCHOTIC POLYTHERAPY IN A PSYCHIATRIC HOSPITAL

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Background and importance An increasingly widespread practice in psychiatry is the use of antipsychotic combination therapy, not supported in the first line by any evidence-based clinical practice guideline. In this practice, the use of daily doses higher than those recommended in the technical data sheet is usually appreciated.

Aim and objectives To describe the use of antipsychotics (APs) in a psychiatric hospital, as well as to analyse whether the doses used exceed the maximum recommended daily doses.

Material and methods Descriptive cross-sectional study of all the prescriptions of hospitalised patients.

Information collected: sex, age, diagnosis, prescribed APs and its dose percentage (sum of the percentage of total daily dose of one or more APs with respect to the maximum dose of the card technique for the age of the patient and indication treated). The 'if needed' doses of APs were also taken into account. SPSS program (p≤0.05).

Results 150 patients, 101 (67.3%) men and 49 (32.7%) women; mean age of 42.7 (range 64–17) years.

10 patients (6.7%) had been prescribed first generation APs, 119 (79.3%) second generation APs and 31 (20.7%) had a combination of first and second generation APs.