REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-086 EVALUATION OF THE EFFECTIVENESS OF BEZLOTOXUMAB ON PREVENTION OF RECURRENT *CLOSTRIDIUM DIFFICILE* INFECTION

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10.1136/ejhpharm-2022-eahp.308

Background and importance *Clostridium difficile* is the most common cause of infectious diarrhoea in hospitalied patients. Immunocompromised patients usually present recurrences after antibiotic theraphy. Bezlotoxumab is a human monoclonal antibody that binds *C. difficile* toxin B, approved for prevention of recurrent *C. difficile* infection (CDI) in high-risk patients (older than 65 years, history of recurrences in the last 6 months, infection with a hypervirulent strain).

Aim and objectives The aim of this study was to assess the effectiveness of bezlotoxumab in patients from a third-level hospital with CDI.

Material and methods Observational retrospective study from October 2018 to April 2021 was developed. Patients with CDI that were treated with bezlotoxumab were selected. Farmatools application, Farmis-Oncofarm and digital clinical history were used to record variables: age, gender, previous episodes of recurrence in the last 6 months and treatments, inmmune status, *C. difficile* strain, initial and sustained cure rate.

Results In the study period, 37 patients with median age 70 (16–85) years were included, 22 of them were older than 65 (59.5%) years: 16 women (43%) and 21 men (57%). Twelve (32.4%) patients had at least one previous episode of CDI and 26 (70.3%) were immunocompromised and 1 patient was diagnosed with having a hypervirulent *C. difficile* strain. Twenty-nine (78%) patients received previous treatment with oral vancomycin and/or metronidazole. The rates of initial and sustained clinical cure were 54% (n=20) and 81% (n=30), respectively. Five patients died before the sustained cure rate could be measured.

Conclusion and relevance The effectiveness obtained measured with the initial clinical cure was lower than the results described by the pivotal trial (54% vs 80%) and the sustained clinical cure was higher (81% vs 64%). These results showed that bezlotoxumab appears to be an effective alternative to patients at high risk of recurrent CDI, although further studies including more patients would give more information about the use of this new drug.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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https://www.nejm.org/doi/full/10.1056/NEJMoa1602615

Conflict of interest No conflict of interest

5PSQ-087 LONG-TERM DUAL ANTIPLATELET THERAPY: CONTROVERSY CONTINUES

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10.1136/ejhpharm-2022-eahp.309

Background and importance Long-term dual antiplatelet therapy (DAPT) is one of the most researched therapies that involves the combination of acetylsalicylic acid (ASA) and platelet adenosine diphosphate receptor inhibitor ($P2Y_{12}$).

The main indication for DAPT is prevention of coronary events after an acute coronary syndrome (ACS) or after a percutaneous coronary intervention (PCI) but in practice, there is confusion. Recommendations indicate that DAPT can be maintained over a year depending on the ischaemic and haemorrhagic risk of each patient.

Aim and objectives The aim of this study was to investigate DAPT indications and risk factors related to extending this therapy for over a year despite the fact that suspension of one antiplatelet drug was indicated (medication discrepancies).

Material and methods Of a total number of 221 patients with DAPT from January 2009–2020, this observational and reprospective study was based on a simple random sampling including 33% of the total of patients. Data were obtained by review of electronic medical records.

Variables collected demographic, clinical services, DAPT indication, drugs used, durability, risk factors of extending DAPT and medication discrepancies.

Results Final analyses included 70 patients. Median age 69 (IQR 63–78) years, 88.6% men. The median of years with DAPT was 6.5 (IQR 3–11). The prescribing clinical services were cardiology (84.3%), vascular surgery (5.7%) and others (10%).

Patients treated with ASA+clopidogrel were 87.1%, 10% with ASA+ticagrelor and 2.9% others. Of the 70 patients studied, 91.4% had indications for use of DAPT therapy and 8.6% did not. According to therapeutic indication, 61.4% had ACS and PCI and 30% had stable coronary artery disease and PCI. Among patients without indication, 4.3% were treated for conservative management of ACS and 4.3% for stroke prevention.

Risk factors that may justify long-term therapy were: 40% previous acute myocardial infarction, 34.3% multivessel coronary artery disease, 10% recurrent ischemic events and others. 8.6% of patients had medication discrepancies.

Conclusion and relevance Many patients had indication for DAPT at the beginning of treatment and had risk factors that would justify long-term DAPT but duration was not evaluated.

It is necessary for a multidisciplinary team to manage this therapy, considering the risk–benefit to each patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest