

2021). Persistence after the first year of treatment was also assessed.

Sociodemographic and clinical factors (age, age of diagnosis, DM phenotype, baseline Expanded Disability Status Scale (EDDS), treatment with disease-modifying therapies (DMTs) and anti-spasticity agents and walking support request) were collected from medical record. Persistence and adherence (measured as medication possession ratio (MPR)) data were collected from drug dispensation records (FarmaTools).

For the analysis of persistence a survival analysis with the Kaplan-Meier estimator was performed. Influence of covariates was evaluated according to a Cox regression model. All statistical analyses were performed using SPSS V24.0. Significance level was 0.05.

Results Fifty-one patients were included. Mean±SD age of MS diagnosis was 37.3±12.6 years. 62.7% female. At the start of the treatment, mean±SD age was 49.7±10.0 years. Phenotypes were relapsing-remitting (49%), secondary progressive (41.2%) and primary progressive (9.8%). 68.6% were on treatment with DMTs and 60.8% with anti-spasticity agents. 58.8% required support to walk. Baseline EDDS was 5±1.3. Median adherence in first year was 98.5±4.5%.

Median persistence duration was 1.756 days (95% CI 1.405 to 2.107). Median time to suspension was 84 days (IQR 28–262). Medication suspension rate in first year was 31.4% and overall medication suspension rate was 13/100 patients-year (95% IC 8.1 to 17.9). Discontinuation reasons were lack of efficacy (57.9%), adverse effects (23.1%) or both (14.3%). Cox model showed only influence of age of DM diagnosis HR=1.05 (95% CI 1.01 to 1.07; p=0.007).

Conclusion and relevance A high percentage of patients abandon treatment with fampridine, mainly due to lack of efficacy. Most discontinuations occur in the first year of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-129 ADJUST DOSES OF ANTIBIOTICS IN PATIENTS WITH RENAL INSUFFICIENCY

R Castillejo*, A Aguado Paredes, A Martinez Suarez, L Moñino Dominguez, L Martin Casado, M Romero Gonzalez. *Clinical Pharmacist, Hospital Universitario Virgen Macarena, Seville, Spain*

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Background and importance Antibiotics constitute one of the main groups of drugs prescribed for hospitalised patients. Many of them present renal elimination, which is why in cases of impaired renal function is necessary to adjust the dose.

Aim and objectives To evaluate physician acceptance of pharmacist recommendation (PR) in patients with renal insufficiency.

Material and methods Prospective interventional study from June to September 2021. We included all patients who started antibiotic treatment with a glomerular filtration rate less than 50 mL/min. Data were collected from the electronic medical record (DIRAYA) and the prescription program (PRISMA). Dose adjustment recommendations were made based on the antibiotic datasheets and the Sanford Guide to Antimicrobial Therapy.

Data collected: sex, age, clinical service, prescribed antibiotic.

Recommendations were reported in the clinical course of the patient. In the case of severe kidney failure, the prescribing doctor was notified directly. Descriptive statistics were used to analyse the results.

Results 40 patients (60% men) were analysed, with a median age of 78 (range 48–92) years. 42 dose adjustment recommendations were made. The antibiotics evaluated were: piperacillin/tazobactam (22), meropenem (9), amoxicillin/clavulanic (7), vancomycin (2), ertapenem (1) and ceftazidime (1). Clinical services involved were: Internal Medicine (19), Urology (10), Cardiology (3), Digestive (3) Oncology (3), Traumatology (3) and Pneumology (1).

The rate of acceptance of PR was 79.5%: 67.7% dose reduction and 33.3% dose increase. 7.1% of the PR cannot be valued due to a change in treatment.

Conclusion and relevance The hospital pharmacist plays an important role in the correct, effective and safe use of antibiotic therapy, especially, as occurs in our study, in elderly patients. Thanks to the pharmacist-doctor communication, the number of recommendations made decreased over time in certain clinical areas due to the correct dose adjustments by the prescribing doctors.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Sanford Guide to Antimicrobial Therapy.

Conflict of interest No conflict of interest

4CPS-130 ANALYSIS OF THE DIFFERENT CARIOVERSION STRATEGIES IN THE EMERGENCY DEPARTMENT IN A SECONDARY HOSPITAL

¹R Rodriguez Mauriz*, ¹L Borràs Trias, ²N García Farre, ¹N Almendros-Abad, ¹N Rudi Sola. ¹Hospital General de Granollers, Pharmacy Department, Granollers, Spain; ²Hospital General de Granollers, Emergency Department, Granollers, Spain

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Background and importance Acute atrial fibrillation (AF) is the most common arrhythmia managed in the emergency department (ED). Conversion to normal sinus rhythm can be performed by electrical (ECV) or pharmacological cardioversion. ECV is more effective and it is the method of choice for haemodynamically unstable patients or new onset AF; however, pharmacological cardioversion does not require anaesthesia and it is easier to attempt.

The choice to pursue rhythm control is an individualised one according to the clinical profile of the patient and the therapeutic options available.

Aim and objectives To analyse the strategies to restore sinus rhythm for ED patients with acute AF and the results obtained.

To analyse the time from AF onset to restoration of sinus rhythm.

Material and methods Observational, retrospective, multidisciplinary study. Inclusion criteria: patients >18 years treated at the ED (June 2020–February 2021) with diagnosis of AF in which it was decided to restore sinus rhythm.

Variables demographic, comorbidities (chronic renal failure, diabetes, obesity), haemodynamic stability (yes/no), structural heart disease, type of cardioversion (ECV or pharmacological), drug used in pharmacological cardioversion, conversion to normal sinus rhythm (yes/no), time to restoration of rhythm, rescue cardioversion if failure.