4CPS-272 INTEGRATION OF THE HOSPITAL PHARMACIST INTO A MULTIDISCIPLINARY DYSPHAGIA SCREENING TEAM IN AN INTERMEDIATE AND LONG-STAY HOSPITAL

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Background and importance Dysphagia can occur due to a wide range of medical conditions including acute or progressive neurological disorders, trauma or surgery, with secondary effects such as dehydration and malnutrition causing an increase in morbidity and mortality rates. Dysphagia screening and assessment of swallowing function by a multidisciplinary care team is essential to identify, diagnose and manage patients with dysphagia.

Aim and objectives To analyse the results of dysphagia screening and the benefit of including a hospital pharmacist in the multidisciplinary dysphagia screening team in an intermediate and long-stay hospital.

Material and methods A prospective study of dysphagia screening and subsequent interventions was performed over a 2-week period in all patients hospitalised in an intermediate and long-stay hospital. The multidisciplinary team responsible for dysphagia screening consisted of a registered nurse and a physician with the integration of a hospital pharmacist and nutritionist. The Eating Assessment Tool-10 (EAT-10) questionnaire was used as a direct-scoring screening test for dysphagia together with the standardised Volume-Viscosity Swallow Test (V-VST) in all patients with an EAT-10 score $\geq$3. After confirming the condition, different dietary and pharmaceutical interventions were performed. The following data were collected from the medical record program EKON: age, sex, primary diagnosis, diet and texture.

Results 86 patients (57% men) were included in the study with a mean age of 74 (39–102) years. The mean EAT-10 score was 8±9 points with 33 patients (38%) testing positive for being at risk of presenting dysphagia. Of these patients at risk, the V-VST detected dysphagia and the necessity of a nectar consistency in 21 patients (64%), a honey consistency in 2 patients (6%) and a pudding consistency in 2 patients (6%). Dietary and pharmaceutical interventions were made in 17 patients (68%) of those diagnosed with dysphagia, including modifications of the diet texture, tailoring of medical formulations available or drug administration mixed with more textured food.

Conclusion and relevance Dysphagia screening in intermediate and long-stay hospitals is not common practice even though there is a high prevalence and important clinical repercussions in these settings. A hospital pharmacist plays an important role as part of the multidisciplinary team making the necessary pharmaceutical interventions needed in patients with dysphagia.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-002 ADVERSE EVENTS REPORTED AFTER ADMINISTRATION OF BNT162B2 AND MRNA-1273 COVID-19 VACCINES AMONG HEALTHCARE WORKERS

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Background and importance Since December 2019, the world has faced a new disease known as COVID-19. On 11 March 2020, the World Health Organization officially declared the COVID-19 pandemic. Given the health emergency, vaccine development progressed rapidly, but with limited safety data under real-world conditions.

Aim and objectives To describe and compare the incidence of adverse events with the BNT162b2 and mRNA-1273 COVID-19 vaccines, taking into account the number of doses and subjects previously positive for SARS-CoV-2 infection.

Material and methods A retrospective observational study was conducted in a tertiary hospital between March and April 2021. Data were collected through a questionnaire sent by email to hospital staff. Demographics and data regarding the occurrence of adverse events were collected, indicating which vaccine was administered. Statistical analysis was performed using SPSS software. Groups were compared using the Chi-square test and Fisher's exact test when necessary.

Results 1249 respondents completed the survey (25% of all hospital staff); 52% (650) received BNT162b2 vaccine and 48% (599) mRNA-1273. 14 402 adverse reactions were recorded. 6896 were local: 3939 were with mRNA-1273 and 2957 with BNT162b2 (6.6 vs 4.4 reactions per patient); and 7506 were systemic: 4460 with mRNA-1273 and 3046 with BNT162b2 (7.4 vs 4.7 per patient). The occurrence of **local reactions** was 95.8% after the first dose/89.1% after the second dose with mRNA-1273 versus 89.7%/82.5% with BNT162b2. For **systemic reactions**, this proportion was 64.3%/93.3% versu 46.8%/73.2% (p value<0.05).

In terms of severity, 379 patients (63.3%) with mRNA-1273 confirmed a severe reaction versus 222 (34.2%) with BNT162b2 and 60 patients (10%) with mRNA-1273 confirmed an urgent reaction versus 33 (5.1%) with BNT162b2 (p value<0.001). For both vaccines, there was no difference in the occurrence of local or systemic reactions between patients seropositive and seronegative for SARS-CoV-2.

Conclusion and relevance The results are consistent with the limited data available to date, confirming that although these are not particularly serious adverse effects, they do occur in a large majority of vaccinated persons and in greater numbers after administration of the mRNA-1273 vaccine. The Hospital Pharmacy Service is a key agent in pharmacovigilance within the healthcare system and must be aware of the safety profile of new drugs. This study is an essential tool to detect and prevent adverse events.

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