The most important changes in bacterial sensitivity are detailed in table 2.

Conclusion and relevance Important increase in hospital antimicrobial consumption was observed, especially for the beta-lactams and carbapenems.

Minimal changes in antimicrobial susceptibility was observed, detected only in *Klebsiella spp*, *Pseudomonas aeruginosa* and *Enterococcus faecium*.

Antimicrobial stewardship strategies can help to keep the consumption of antimicrobials within acceptable levels.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-006 PARACETAMOL VERSUS IBUPROFEN FOR TREATMENT OF PERSISTENT DUCTUS ARTERIOSUS CLOSURE IN PRETERM INFANTS: IBUPAR-TRIAL

[1]AA Garcia Robles*, [2]MDM Serrano Martin, [3]MJ Párraga, [1]E Guerrero Hurtado, [1]P Polo Montanero, [1]JL Poveda Andrés, [4]M Aguar Carrascosa, [4]A Gimeno Navarro. *[1]Hospital Universitari i Politècnic La Fe, Pharmacy, Valencia, Spain*; *[2]Hospital Regional Universitario Carlos Haya, Neonatology, Málaga, Spain*; *[3]Hospital Universitario Reina Sofía, Neonatology, Córdoba, Spain*; *[4]Hospital Universitari i Politècnic La Fe, Neonatology, Valencia, Spain*

10.1136/ejhpharm-2022-eahp.430

Background and importance Haemodynamically significant patent ductus arteriosus (hsPDA) is a common cause of morbidity and mortality in preterm infants. Currently, the first-line therapy for hsPDA is ibuprofen, but this treatment has potentially life-threatening side effects. Paracetamol has been proposed as an alternative to ibuprofen, but there is still insufficient clinical evidence to make a standard recommendation.

Aim and objectives To evaluate the efficacy and safety of the standard treatment of hsPDA with ibuprofen versus paracetamol in the closure of hsPDA.

Material and methods Non-inferiority, randomised, multicentre, double-blind clinical trial was designed to evaluate the efficacy and safety of intravenous (IV) paracetamol versus IV ibuprofen in preterm patients with a gestational age (GA) ≤30 weeks diagnosed with hsPDA in four Spanish hospitals. Patients were randomized 1:1 to 10 mg/kg ibuprofen followed by 5 mg/kg at 24 and 48 hours or 15 mg/kg paracetamol every 6 hours for 3 days. If ductus size was >1 mm after the end of the 3-day course of the assigned treatment, another 3-day course of the same treatment was administered. If not, efficacy, ibuprofen and/or surgical closure were evaluated. The primary endpoint was ductus closure after the first treatment course.

Results The clinical trial is currently ongoing. The results presented correspond to an interim analysis with the objective of evaluating possible relevant safety warnings. A total of 91 patients have been recruited (approximately one-third of the scheduled recruitment). The populations of both groups have been comparable, with a mean GA of 26 weeks. For the main variable, ductus clousure after the first treatment course, an intention-to-treat analysis revealed no statistically significant differences between the groups (62.8% vs 42.2%, p=0.053). Applying the random stop method to assess the need to continue or stop the study, a p value <0.978 was obtained, the limit for assuming a lack of power. Likewise, no differences were found in the main safety variables.

Conclusion and relevance Given the data obtained in the intermediate analysis, it is essential to continue with the planned recruitment. At the moment, with the results of this analysis and the previous literature, it is not yet possible to establish a clear recommendation on the use of paracetamol in hsPDA.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-013 ANALYSIS OF PATIENTS' MORTALITY IN SARS-COV-2 INFECTION DURING THE FIRST MONTH OF HOSPITAL ADMISSION

R Castillejo*, J Cordero, M Romero-González, A Martinez-Suarez. *Hospital Universitario Virgen Macarena, Hospital Pharmacy, Seville, Spain*

10.1136/ejhpharm-2022-eahp.431

Background and importance As of December 2019, the world is facing a pandemic caused by the SARS-CoV-2 coronavirus (COVID-19). Symptoms resulting from the infection vary widely, ranging from asymptomatic disease to pneumonia and life-threatening complications.

Aim and objectives The aim was to study the impact of the active oncohaematological process on the severity and short-medium term mortality of COVID-19 infection.

Material and methods Observational retrospective study, carried out in a Spanish tertiary-level hospital. All patients diagnosed with COVID-19 and hospital admission between March 2020 and June 2021 were included. Variables collected were demographics, comorbidities; situation during hospitalisation (defining severe situation as admission to intensive care unit (ICU) or intubation) and mortality at 14 and 30 days after hospital admission. Data were obtained through the digital medical record and managed by R software (V.4–2021).

Results We included 1924 patients in the non-oncological group, 47.5% (915) men with a median age of 67 years and interquartile range (IQR) of 53–77. 128 patients (6.23%) were included in the active oncohaematological group, 58.6% were men (median age 72 (IQR 63–78) years). The most prevalent oncohaematological processes were: lung cancer (16.4%), colorectal (15.6%), bladder (10.9%), breast (10.2%) and prostate (8.59%). Metastases were present in 42.2% of patients. The main comorbidities presented by oncohaematological patients with statistical significance versus non-oncological patients were diabetes mellitus (30.5% vs 19.4%), dyslipidaemia (46.9% vs 32.2%), hypertension (52.3% vs 42.0%), chronic renal failure (18.0% vs 8.73%), chronic obstructive pulmonary disease (22.7% vs 9.94%), obesity (14.1% vs 15.2%) and heart failure (13.3% vs 10.6%). In the oncohaematological group, 44.5% were in a serious condition during their admission. The number who died compared to non-oncohaematological patients was 23.4% versus 13.6% at day 14 and 29.7% versus 18.1% at day 30. The two main neoplasms in the deceased patients were lung cancer (26.3%) and colorectal cancer (21%). Univariate analysis showed a relative risk of 1.72 (1.23–2.4) and 1.64 (1.23–2.17) mortality at 14 and 30 days, respectively, for COVID-19 in patients with active oncohematological processes versus non-oncohematological processes.

Conclusion and relevance The data reflect a higher mortality at 14 and 30 days due to COVID-19 in the oncohaematological population (72% and 64%, respectively). The oncohaematological population has a higher percentage of comorbidities

associated with the total that may also influence this increased risk of mortality.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-015 MUTATIONS IN THE FACTOR VIII GENE IN OUR HAEMOPHILIA A POPULATION

[1]A Martín López*, [2]P Joy Carmona, [2]CL Díaz Díaz, [1]MÁ Ocaña Gómez, [3]M Ríos De Paz, [3]MD De Dios García, [2]J Esquivel Negrín, [2]I González García. *[1]Hospital Nuestra Señora de Candelaria, Servicio de Farmacia Hospitalaria y Servicio de Hematología, Santa Cruz, Spain; [2]Hospital Nuestra Señora de Candelaria, Servicio de Farmacia, Santa Cruz, Spain; [3]Hospital Nuestra Señora de Candelaria, Servicio de Hematología, Santa Cruz, Spain*

10.1136/ejhpharm-2022-eahp.432

Background and importance Haemophilia A (HA) is a haemostasis disorder with an incidence of 1:5000 male births and X-linked recessive inheritance. The genetic alteration determines the blood amount of FVIII, which will predict the severity: mild (between 5% and 40%), moderate (1% to 5%) and severe (<1%). Severe haemophilia is present in 60% of haemophiliacs.

Intron 22 and intron 1 inversion represent the main molecular alterations in patients with severe HA (45%–50% and 0.5%–5%).

The development of inhibitors is associated with the treatment and the genetic alteration. 20%–30% of severe HA develop inhibitors. The mutations with the highest incidence of inhibitors are large deletions, with a 42%a–74% prevalence.

Aim and objectives To describe the FVIII gene's mutation in the haemophilic population in Tenerife and to see the correlation between the genotype and the phenotype of the disease, as well as the influence on the inhibitor's development.

Material and methods Observational, retrospective and descriptive study. We checked the patient's clinical history, the mutations and the inhibitor's record.

Results 44 patients (aged 1, 81 years) were analysed; 21 severe (47.7%), 2 moderate-severe, 4 moderate and 17 mild. The diagnosis was confirmed by molecular biology (polymerase chain reaction (PCR)) in 32 patients (severe and moderate): intron 22 inversion was identified in 14 patients (43.8%), exon 5 substitution in 3 (9.4%), exon 14 insertion in 2 (6.25%), substitution of other exons in 6 (18.75%), small deletions in 4 (12.5%) and exon 4 insertion in 1 (3.12%).

7 patients (15.9%) developed alloantibodies: in 1 patient these are still active and the rest have managed to erase them.

In contrast to the studies performed, the mutations that prevail in the presence of the inhibitor are intron 22 inversions, with an incidence of 71.4%, rather than deletions, with an incidence of 28.6%.

Conclusion and relevance The data on the most prevalent molecular alteration in HA are consistent with those of our patients in Tenerife, since most of them present inversion of intron 22. However, the mutations associated with the development of inhibitors do not coincide with those described in the literature, since most of them are inversions of intron 22.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Rossetti L. Alteraciones genéticas en hemofilia A. Implicancias en el desarrollo de inhibidores. *Advances in Haemophilia* 2016;**20:**180–184.

Conflict of interest No conflict of interest