4CPS-026 OPTIMISATION OF DIRECT ORAL ANTICOAGULANT TREATMENTS: ANALYSIS OF PRESCRIPTIONS AND PHARMACEUTICAL INTERVIEWS

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Background and importance In a multidisciplinary hospital with 426 beds, anticoagulant treatments have a high risk of iatrogenism and prescription error. We decided to focus on the direct oral anticoagulant (DOAC) treatments.
Aim and objectives We analysed prescriptions to evaluate the rate of correct prescription. We wanted to assess the level of patient knowledge and impact of a pharmaceutical interview (PI) on this degree of knowledge.
Material and methods A prospective study including 38 patients from 1 July 2020 to 31 August 2020 was conducted. First, we evaluated the relevance of dosage of DOAC during pharmaceutical analysis. Then, patients' knowledge of DOACs was assessed by a questionnaire before and after PI. This questionnaire comprised nine items concerning: general notions about DOAC, drug administration, over- and under-dosing and drug interactions. A statistical test was performed to compare the data ($\alpha = 2.5\%$).
Results The mean age of the 38 included patients was 83 years and the sex ratio was 1. Patients received apixaban (53%), rivaroxaban (45%) and dabigatran (2%). DOAC were used to prevent stroke in adult patients with non-valvular atrial fibrillation for 95% of them. Data were lacking to allow a correct pharmaceutical analysis: patient weight was not indicated in the patient file in 90% of prescriptions of apixaban. A dosage error was noted in 9 prescriptions and 4 prescriptions were changed following pharmaceutical intervention. Knowledge assessment was carried out in 31 patients. For 7 patients, communication difficulties, cognitive and psychiatric disorders made this assessment impossible. Therapeutic knowledge before and after PI was 52% and 67%, respectively. We observed a statistically significant improvement in patients' knowledge of their DOAC treatment concerning general notions about the drug (+10%), administration (+24%), over- and under-dosage (+13%) and drug interactions (+23%).
Conclusion and relevance This study reveals patients' poor knowledge of their DOAC treatment. However, performing PI statistically improves patient knowledge. It would therefore be interesting to systematically carry out these PI. It would also be interesting to develop a city–hospital link in conjunction with pharmacists for optimised patient follow-up.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-028 EFFECTIVENESS AND SAFETY OF CENOBAMATE: EXPERIENCE IN A THIRD-LEVEL HOSPITAL

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Background and importance More than one-third of patients with epilepsy have uncontrolled seizures despite being treated with two or more anti-seizure medications (ASM); this condition is known as refractory or drug-resistant epilepsy. Cenobamate is a new ASM that has been recently approved by the European Medicines Agency for the adjunctive treatment of focal-onset seizures in adults with drug-resistant epilepsy. In the Spanish system, cenobamate is a drug that is dispensed in hospitals and, since August 2020, access to it has been made through the compassionate use programme. Because of its newness, real-world data regarding cenobamate use are currently very limited.
Aim and objectives The aim of this study was to evaluate the effectiveness and safety of cenobamate in real-world practice.
Material and methods We conducted a single-centre, retrospective study of patients who received cenobamate in our hospital between September 2020 and September 2021.The patients included in the study must have received cenobamate for at least 3 months. Demographic and clinical variables were collected by reviewing medical records. The efficacy outcome was the proportion of patients who exhibited a 50% or greater reduction in the monthly seizure frequency from baseline (50% responder rate). We also recorded adverse events (AEs) and estimated the rate of discontinuation of treatment.
Results All the patients included in the study (n=30) were adults with focal-onset epilepsy who had uncontrolled seizures despite a history of treatment with ASMs. Patients were treated with one to five concomitant ASMs during the study period and 43.3% of them reduced the number of ASMs with one or two. The daily dose of cenobamate ranged from 50 to 400 mg/day. The 50% responder rate was 53.3%, with a median of 50% (IQR 31.2; 73.3) in the reduction of monthly seizure frequency.73.3% of patients had nervous system disorders (somnolence, dizziness, dysarthria, etc.), 16.67% had gastrointestinal AEs and 6.67% showed skin disorders (one of them had rash erythematous). The discontinuation rate because of AEs was 13.3%.
Conclusion and relevance The effectiveness and safety data obtained are similar to those of the clinical trial. We found that adjunctive treatment with cenobamate allows a reduction in the number of concomitant ASMs in an important proportion of the patients.

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4CPS-030 SELECTIVE DECONTAMINATION OF THE GASTROINTESTINAL TRACT IN PREVENTING VENTILATOR-ASSOCIATED PNEUMONIA IN AN INTENSIVE CARE UNIT

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Background and importance Ventilator-associated pneumonia is related to hospital complications and economic costs.
Aim and objectives To describe the implementation in the intensive care unit (ICU) of a tertiary level hospital of a 'Selective Decontamination of the Digestive Tract (SDD)' protocol for preventing ventilator-associated pneumonia (VAP); to study the evolution of VAP incidence over two consecutive years, and to evaluate the economic cost of the protocol.

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