that their community pharmacist and general practitioner received information about their hospital stay (p = 0.036).

In the intervention group (n=221), 74.9% of patients had an interview with a pharmacist but only 47.8% reported any conversation with a healthcare professional about their medication.

41% of patients who received MRA did not have MRD (n=153), mainly because the pharmacist was not notified of the patient’s discharge or because of a lack of time.

**Conclusion and relevance** This study found no effect on MRD on healthcare utilisation 30 days after discharge on patients aged over 65 years. MRD significantly improved the patient’s experience of seamless care after discharge. Patients’ knowledge about their medications still offers scope for improvement. A better integration of pharmacists in care services seems necessary to improve the process, and the best time for the patient’s interview remains under discussion.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

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**Abstract 4CPS-037**

**THE 5P-STUDY: PATIENT AND HEALTH CARE PROVIDER PERSPECTIVES ON POTENTIAL PREVENTABILITY OF HOSPITAL ADMISSION FOR ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

1A Leenders*, 1E Sportel, 1E Poppink, 3W Van Beurden, 3P Vandervalk, 3M Brusse-Keizer.

1Medisch Spectrum Twente, Department of Clinical Pharmacy, Enschede, The Netherlands; 2Medisch Spectrum Twente, Department of Pulmonary Medicine, Enschede, The Netherlands; 3Medisch Spectrum Twente, Medical School Twente, Enschede, The Netherlands

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**Background and importance** Chronic obstructive pulmonary disease (COPD) is a highly prevalent chronic disease partly characterised by the occurrence of exacerbations. The main treatment goal for COPD consists of reduction of symptoms and future risk and severity of exacerbations. A part of the hospital admissions for COPD exacerbations could theoretically be preventable with timely and appropriate outpatient care or self-management. It is important to consider and understand patients’ and health care providers’ (HCP) perspectives on potential preventability of hospitalisations to implement strategies directly influencing underlying factors. Different perspectives and beliefs between patient and HCP about the potential preventability can affect treatment efficacy.

**Aim and objectives** The aim of this study was to explore patients’ perspectives on the potential preventability of their hospital admission for an acute exacerbation of COPD (AECOPD) and to compare these with their HCPs’ perspectives.

**Material and methods** Semi-structured interviews were conducted with patients admitted for a COPD exacerbation (N=11), their HCP on the respiratory ward (N=11) and their treating pulmonologist (N=10). Interviews were transcribed verbatim and analysed using thematic content analysis.

**Results** The results of the perspectives on the potential preventability of AECOPD hospitalisation are shown in Table 1.

Different patient and caregiver factors for optimisation were identified: calling help, recognition and taking action on symptoms and instruction on COPD, treatment and action plans. Furthermore, treatment adherence and inhalation technique were not frequently assessed. However, both HCPs and patients felt the need for regular feedback.

**Conclusion and relevance** Patients and their HCPs have different beliefs about the potential preventability of AECOPD hospitalisation. Although not all patients and HCPs believed that hospitalisation was preventable, most did mention factors that could have led to a different outcome for the current exacerbation or for the patient’s health status and treatment of exacerbations in the future. The factors show that shared decision-making is crucial to bring to light the perspective of the patient and their individual needs to timely treat or even prevent AECOPD and thereby decrease admission rates.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest

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**Abstract 4CPS-038**

**INTRAPLEURAL COLISTIN FOR PLEURAL EMPYEMA CAUSED BY EXTENSIVELY DRUG-RESISTANT PSEUDOMONAS AERUGINOSA: A CASE REPORT**

A Pau Parra*, L Domínech Moral, M Roch Santced, D Anguita Domingo, JIM Del Río Gutiérrez, MQ Gorga-Toner. Vall d’Hebron University Hospital, Department of Pharmacy, Barcelona, Spain

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**Background and importance** Pleural empyema (PE) is a collection of pus in the pleural space, with high morbimortality if it is caused by multidrug-resistant (MDR) bacteria. The most common cause of empyema is a primary pneumatic process. The intrapleural administration of antimicrobials makes it possible to reach therapeutic concentrations in the pleural cavity, limiting the adverse effects associated with systemic treatment.

**Aim and objectives** Our aim was to describe the use of intrapleural colistin (IpC) in one patient.

**Material and methods** We describe a 22-year-old woman who was admitted to the Intensive Care Unit after a lung transplant.

**Results** She presented a respiratory failure, clinically and radiologically compatible with necrotising pneumonia, for which she underwent retransplantation. Multiple cavitations were observed in the explant and the culture was positive for Pseudomonas aeruginosa; treatment with intravenous (IV)
ceftazidime 2 g every 8 hours was initiated. Two weeks later, 
P.E. was confirmed by growth of *P. aeruginosa* resistant to 
carbenapens in the pleural fluid and treatment was escalated to 
IV ceftriazolone/tazobactam 2 g/1 g every 8 hours.

After subsequent microbiological control, *P. aeruginosa* 
resistant to ceftriazolone/tazobactam and ceftazidime-avibactam 
(minimum inhibitory concentration (MIC) >250 μg/mL) was 
observed and, therefore, IV ciprofloxacin 400 mg/12 hours 
and IV amikacin 15 mg/kg/24 hours were initiated. Nebulised 
calostin 5 million units (MIU)/8 hours was added. IpC was 
added due to the persistence of extensively drug-resistant 
(XDR) *P. aeruginosa* in the pleural fluid. The decision was 
based on a case report in which IpC was used for MDR *Acinetobacter baumannii* PE, with positive results; 0.5 MIU of 
colistimethate sodium were diluted in 50 mL 0.9% physiological 
saline and instilled through the pleural drains every 12 hours 
(clamped for 2 hours).

The patient presented episodes of desaturation and sweating 
associated with the administration of IpC, forcing the suspens 
ion of IpC after 9 days of treatment. Finally, she died in the 
context of infectious disease as a consequence of refractory 
hypoxaemia.

Conclusion and relevance The persistence of XDR *P. aerugi 
 nosa* in our patient motivated the search for alternatives and 
IpC was chosen on the basis of a single case. However, the 
efficacy could not be determined due to its poor tolerance. 
Despite the limited amount of published data, the administra 
tion of intrapleural antibiotics may constitute a therapeutic 
option.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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4CPS-039 EFFECTIVENESS OF ERENUMAB AND GALCANEZUMAB 
IN THE TREATMENT OF MIGRAINE

1MA Carvajal-Sanchez*, 1MD Najera-Perez, 1P Pacheco-Lopez, 1I Ibañez-Caturla, 
1L Fructuoso-Gonzalez, 2P Tomano-Belmonte, 1A Gutierrez-Sanchez, 1M Hernandez- 
Sanchez, 2A Boller-Perez, 1I Plaza-Antonio, 1I Leon-Villar. Hospital Morales Meseguer, 
Hospital Pharmacy, Murcia, Spain; 2Hospital Morales Meseguer, Emergency Service, 
Murcia, Spain

Background and importance Migraine is a neurological disor 
der characterised by episodic and recurrent seizures. Erenumab 
and galcanezumab are two monoclonal antibodies (MA) indi 
cated for the prophylaxis of migraine in adults. They are 
recently marketed drugs, so it was necessary to determine their 
effectiveness.

Aim and objectives This study analysed the effectiveness of 
these MA in a series of patients in a third-level hospital.

Material and methods Retrospective observational study. Study 
period: January 2020–April 2021.

To start treatment, patients must be diagnosed with chronic 
or episodic migraine, having at least 8 migraine days per 
month and after having failed three or more previous treat 
ments, one of them being botulinum toxin in the case of 
chronic migraine. This treatment is dispensed in the outpatient 
consultation service of the Hospital Pharmacy after a clinical 
interview in which all variables are recorded. To evaluate the 
effectiveness, we analysed the number of days with migraine 
attacks per month and the consumption of concomitant-related 
médication.

Results 53 patients (49 women, 4 men). Median age: 50 
(range 21–77) years.

Diagnosis: chronic migraine: 41 patients; episodic migraine: 
12 patients.

Treatment: erenumab 140 mg: 46 patients; erenumab 70 
mg: 5 patients; galcanezumab 120 mg: 2 patients.

Received doses: galcanezumab: 6 doses: 2 patients; erenu 
-mab: 12 or more doses: 10 patients; 6–11 doses: 27 patients; 
3–5 doses: 11 patients; fewer than 3 doses: 3 patients.

The median number of monthly episodes suffered pre-treat 
mant was 20 (9–30). After 3 months, the median was 9 (1– 
30): 45% of episodes. After 6 months: 7 (0–28): 35% of epi 
isodes. After 12 months: 13 (4–28): 65% of episodes. 4 
patient suspended treatment due to lack of effect.

The rest of the antimigraine drugs consumed prior to the 
use of MA, at the beginning, after 3 months and after 6 
months of treatment were:

- Beta-blockers: 22.22%, 1.85%, 0%, 0%.
- Calcium antagonists: 20.37%; 1.85%, 0%, 0%.
- Antiepileptics: 38.89%; 1.85%, 1.96%, 0%.
- Nonsteroidal anti-inflammatory drugs (NSAIDs): 25.92%; 
29.63%, 45.09%; 16.21%.
- Triptans: 38.88%; 62.96%, 50.98%, 18.91%.

No interactions with MAs were identified.

Conclusion and relevance The use of subcutaneous MA 
reduced the median of seizures per month significantly at 3 
and 6 months. Although a rebound is observed at 12 months, 
the result of this is difficult to assess due to the small number 
of patients (10). The consumption of other antimigraine drugs 
was also reduced.

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4CPS-040 INTERINDIVIDUAL VARIABILITY OF LINEZOLID IN 
CRITICALLY ILL PATIENTS

1O Gullén Martínez, 2M Pomeas Benabue, 1S Gutiérrez Palomo, 1I Soriano Iri 
garay, 1G Miralles Andreu, 1A Navarro Ruiz, 1Servicio de Farmacia, Hospital General Universitario 
de Elche, Elche, Spain; 2Servicio de Farmacia, Hospital Marina Baja, Villajoyosa, Spain

Background and importance A high variability in linezolid 
plasma concentrations (Cp) has been observed when admin 
istered at the standard dosage recommended in the technical 
data sheet (600 mg/12 hours), which is directly related to the 
effectiveness of the treatment and the appearance of haemato 
logical toxicity.

Aim and objectives The main objective was to describe the Cp 
values of linezolid obtained in critically ill patients, as well as 
the recommendations made during pharmacokinetic 
monitoring.

Material and methods Retrospective observational study carried 
out in a third-level general hospital. Patients >18 years old 
admitted to the critical care units between September 2019 
and May 2021, in which at least one Cp determination of line 
zolid was performed, were analysed. Demographic, clinical, 
therapeutic and pharmacokinetic monitoring-related variables 
were collected. Cp determination of linezolid was analysed by 
homogeneous enzyme immunoassay (IndikoTM Plus kit). The 
target therapeutic interval of linezolid was established between 
2 and 8 μg/mL and statistical analysis was performed using R 
software.