

4CPS-092 BIOLOGICAL THERAPIES FOR THE TREATMENT OF PSORIASIS: EFFECTIVENESS, SAFETY AND ECONOMIC IMPACT OF OPTIMISATION STRATEGIES

I Lomares Manzano*, L Jimenez Pichardo, L Gomez Sayago. *Hospital de Riotinto, Servicio de Farmacia Hospitalaria, Huelva, Spain*

10.1136/ejhp-2022-eahp.124

Background and importance The goal of psoriasis treatment is to achieve and maintain the widest possible clearance of lesions and control of systemic inflammation over the long term. Biological therapies (BT) are only indicated moderate-severe psoriasis (MSP) refractory to conventional systemic therapy. In patients with sustained total clearance of lesions (TCL), dose reduction (DR) and dose spacing (DS) are optimisation strategies used in clinical practice to reduce the risk of the appearance of adverse effects (AE) and optimise resources. **Aim and objectives** Describe the effectiveness and safety of BT in MSP, and measure the economic impact of optimisation strategies in clinical practice.

Material and methods An observational and retrospective study was performed in MSP patients treated with BT from 12 January to October 2021. We registered: sex, age, responders patients (RP): Psoriasis Area and Severity Index (PASI) $\geq 75\%$ reduction in baseline PASI, time to loss of response (TTLOR), patients with TCL: PASI-100, patients with loss of response (LOR), duration of TCL (DTCL), causes of end of treatment (EOT) and AE due to BT. Patient data were obtained from the corporate prescription programme and electronic medical history.

Direct costs between the use of DS instead of optimised dose were compared in order to calculate the economic saving. **Results** During the study period, 36 patients were included (51.42% male). Mean age was 53 (28–77) years. The proportion of RP was 94.29% and 48.57% achieved TCL with a mean DTCL of 35.5 months. 25.71% of patients had LOR with a mean of 31 months. The main causes of EOT were: no response (2.86%), LOR (25.71%) and pregnancy (8.57%). Physicians used optimisation strategies in 11 patients (31.42%) meaning an expenditure reduction of €116,386, while in 3 patients (8.3%) the dose was intensified due to lack of disease control. Regarding safety, 3 patients suffered SE: erythema (2) and weight gain (1).

Conclusion and relevance BT was effective in most cases with an acceptable safety profile. Moreover, optimisation strategies meant an expenditure reduction with a huge optimisation of the resources available in our hospital.

Correct follow-up of the patients is very important to detect which patients might benefit from optimisation strategies, treatment change or intensification.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-093 DRUG-INDUCED SOMNOLENCE IN FRAILTY PATIENTS ATTENDING AN EMERGENCY DEPARTMENT

¹J Ruiz Ramos*, ¹A Juanes-Borrego, ²L López-Vinardell, ¹A Plaza-Díaz, ³I Conejo-Marín, ⁴M Blázquez-Andion, ⁴M Puig-Campmany, ¹MA Mangués-Bafalluy. ¹Hospital Santa Creu I Sant Pau, Pharmacy, Barcelona, Spain; ²Institut de Recerca de l'Hospital de La Santa Creu I Sant Pau, Pharmacy, Barcelona, Spain; ³Hospital de Terrassa, Pharmacy, Barcelona, Spain; ⁴Hospital Santa Creu I Sant Pau, Emergency Department, Barcelona, Spain

10.1136/ejhp-2022-eahp.125

Background and importance Drug-induced somnolence is an important cause of emergency department (ED) visits in frailty patients.

Aim and objectives To describe the drugs involved in ED visits due to drug-induced somnolence in frailty patients and to evaluate the risk factors involved in ED revisits 30 days after discharge.

Material and methods Retrospective observational study. Patients admitted to the frailty area of an ED who consulted for drug-induced somnolence were included (October 2020–March 2021). Patients admitted due to suicide attempts were excluded.

To evaluate the risk factors associated with 30-day revisits, a multivariate analysis was performed using logistic regression, including in the model those variables related to the comorbidities, destiny at discharge, polypharmacy (>9 drugs), treatment modification and number of central nervous system (CNS) depressant drugs prescribed at discharge with a p value <0.2 in a previous univariate analysis.

Results 80 patients were included (mean age 80.1 (SD 13.1) years). Median number of drugs at admission was 9 (range 3–20), being the median of chronic pathologies 6 (range 1–12). Of these patients, 35 (43.7%) had dementia, and a moderate-severe dependence was found in 32 (40.0%).

Median number of CNS depressant drugs on admission was 3 (range: 1–6). Antidepressants (63.7% of patients), benzodiazepines (58.6%), antipsychotics (47.5%) and opioids (45.0%) were the drugs most frequently prescribed on admission. The combination of benzodiazepines and opioids was present in 20 (25.0%) patients. At hospital discharge, CNS depressant drugs prescriptions were modified in 44 (55.0%) patients.

Eighteen (25.0%) patients revisited the ED 30 days after discharge, 16 (22.2%) of them due to episodes related to the use of CNS depressant drugs. The presence of chronic kidney disease, dementia, and more than three CNS depressant drugs at discharge were included in the multivariate analysis (p<0.2), observing a trend towards a higher risk of revisits in patients with chronic kidney disease (OR (95% CI): 2.87 (0.80 to 7.27)), without reaching a statistically significant association.

Conclusion and relevance Frailty patients who visit the ED due to drug-induced somnolence frequently have multiple contributing drugs. Nearly 25% of patients revisited the ED 30 days after discharge, most of them due to new episodes related to these drugs. Chronic renal failure may be associated with an increased risk of 30-day revisits.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-094 NON-RECOMMENDED DRUGS IN PATIENTS ATTENDING AN EMERGENCY DEPARTMENT DUE TO DECOMPENSATED CHRONIC HEART FAILURE

¹J Ruiz Ramos*, ²I Conejo-Marín, ¹A Juanes-Borrego, ³CJ Cortés Sánchez, ¹L Lopez-Vinardell, ¹A Riera-Magallon, ¹MA Mangués-Bafalluy. ¹Hospital Santa Creu I Sant Pau, Pharmacy, Barcelona, Spain; ²Hospital de Terrassa, Pharmacy, Barcelona, Spain; ³Hospital Universitario Dr. Peset, Pharmacy, Valencia, Spain

10.1136/ejhp-2022-eahp.126

Background and importance Decompensated chronic heart failure (CHF) is one of the main causes of emergency department (ED) visits.