Aim and objectives To assess the frequency of prescription of non-recommended drugs in patients admitted to the ED for decompensated CHF, and its impact on the frequency of 90-day revisits to these units.
Material and methods Retrospective observational study. Patients >18 years diagnosed with CHF who attended the ED of a tertiary hospital due to decompensated episodes were included (December 2020–February 2021).

Potentially inappropriate chronic drugs from the primary care electronic prescription programme according to the review of Page *et al*[1] were recorded, including those classified with evidence A (assessed in multiple populations) or evidence B (limited populations). To evaluate the impact of these groups of drugs on ED revisits for new decompensated episodes, a multivariate analysis was performed using logistic regression, including those variables related to the patient's comorbidity with a p value <0.2 in a previous univariate analysis.
Results 135 patients were evaluated: 5 (3.7%) were younger than 65 years, 63 (46.7%) were 65–85 years and 67 (49.6%) were older than 85 years. Regarding left ventricular ejection fraction was <40% in 21 (15.6%) patients, having an unknown value in 41 (30.4%) patients. 121 (89.6%) patients had hypertension, 80 (59.3%) atrial fibrillation, 29 (21.5%) chronic obstructive pulmonary disease, 47 (34.8%) diabetes, 41 (30.4%) ischaemic heart disease and 55 (40.7%) chronic kidney disease (CKD).

75 (54.9%) patients were taking ≥10 drugs at the time of the ED visit. 90 (66.7%) patients were taking beta-blockers, 83 (61.5%) angiotensin-converting enzyme (ACE) inhibitors, 26 (19.3%) potassium-sparing diuretics and 101 (74.8%) loop diuretics. 32 (23.7%) patients were taking potentially inappropriate drugs. 52 (39.7%) patients returned to the ED 90 days after hospital discharge due to new decompensated episodes. In the multivariate analysis, CKD was significantly associated with a higher risk of revisit (OR 3.29, 95% CI 1.43 to 7.55), observing a non-significant increased risk in those patients with non-recommended drugs (OR 2.12, 95% CI 0.85 to 5.34).
Conclusion and relevance The prescription of non-recommended drugs is a frequent phenomenon in patients with CHF who visited the ED with decompensated episodes. Those patients undergoing treatment with these drugs may have a greater risk of 90-day revisits.

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Conflict of interest No conflict of interest

4CPS-096 TACROLIMUS VARIABILITY AND COMORBIDITIES IN LUNG TRANSPLANTATION

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Background and importance In solid organ transplant patients, intrapatient variability in tacrolimus levels >30% is related to the appearance of specific de novo donor antibodies (dn-DSA) and rejection.
Aim and objectives We wanted to determine if in a cohort of 71 lung transplant patients in 2018 and 2019 this variability is also related to the appearance of post-transplant complications: diabetes, osteoporosis, renal failure, dyslipidaemia and if the sex of the patients and their pre-transplant diagnosis has an influence.
Material and methods Through the hospital's own lung transplant patient management programme and the hospital's assisted electronic prescription, the following data were retrospectively analysed: tacrolimus levels from the second post-transplant month and its percentage coefficient of variation (% CV) until December 2020 (% CV: (standard deviation/mean)*100); tacrolimus, prednisone and mycophenolate mofetil dose; onset of diabetes and the drug being treated; glomerular filtration rate (GFR) <60 mL/min/1.73 m^2; onset of osteoporosis; appearance of dyslipidaemia; sex; age; and pre-transplant diagnosis. For the statistical analysis, SPSS v.22 was used.
Results Of the 71 lung transplant patients in 2018, 8 died, 21 (30%) were women, 38 (54%) had a% CV of tacrolimus >30%, 32 (45%) had GFR <60 mL/min/1.73 m^2, 28 (39%) had osteoporosis, 47 (66%) ha dyslipidaemia and 21 (29%) had diabetes.

The drugs used in the treatment of osteoporosis were: zoledronic acid, denosumab and teriparatide; dyslipidaemia: atorvastatin; and diabetes: metformin and insulin.

After the statistical analysis performed using the CHI2 test, no statistically significant differences were obtained between the% CV of tacrolimus and the remainder of the variables. The statistical significance in each case was: GFR <60 mL/min (p=0.111), osteoporosis (p=0.202), dyslipidaemia (p=0.353), diabetes (p=0.361), pre-transplant diagnosis (p=0.455), age (p=0.720) and sex (p=0.812).
Conclusion and relevance The% CV of tacrolimus >30% is not related to the appearance of post-transplant complications in a statistically significant way in this cohort of 71 lung transplant patients. There is a positive trend towards the development of kidney failure. More studies are needed and with a larger number of patients to be able to draw more precise conclusions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-097 ROLE OF THE PHARMACIST IN THE CARE OF THE LUNG TRANSPLANT PATIENT

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Background and importance After a lung transplant, patients must have knowledge about pharmacological treatment and healthy lifestyle habits.
Aim and objectives To evaluate the effectiveness of pharmaceutical care for lung transplant patients from 2017 to 2020 aimed at increasing their knowledge about pharmacological treatments and healthy lifestyles and its influence on unscheduled readmissions in the first 90 days after transplantation.
Material and methods 129 lung transplant patients received, by the transplant pharmacist, information sessions 2 or 3 weeks after transplantation, during the hospital stay, on medicines and healthy lifestyles and the delivery of an informative book prepared for the occasion by the multidisciplinary team. The knowledge acquired was evaluated with the completion of a