Medium LDL levels improvement after 1 month was 71.7 ±41.2 mg/dL (Table 1).

17 patients (10.55%) did not have an analytic in the last year, and 10 patients (6.21%) had not had an appointment with their doctor in more than a year. 38 patients (23.6%) had LDL levels over the objective. According to guidelines and protocol, these patients were referred to the physician for revision.

Conclusion and relevance Although some patients do not reach the desired outcome and/or their monitoring may be improved, our data show that PCSK9i causes a great reduction of LDL levels that is maintained over time.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-120 ADVERSE DRUG REACTION (ADR) NOTICATIONS' IMPACT ON PATIENTS FOLLOWED AT AN AMBULATORY CARE PHARMACY UNIT

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Background and importance Pharmacosurveillance aims to improve drug efficacy and patients' safety through detection, notification and prevention of adverse drug reactions (ADR).[1] The intervention of Ambulatory Care Pharmacists, who directly assist the patient, is very important because, by detecting and notifying ADR, they will greatly improve patients' treatment and life quality.

In Portugal, Ambulatory Care Pharmacy drugs are prescribed and purchased by international non-proprietary names (INN) and never by their commercial denomination, whether generic or not. One of the purchases' award criterion is the most economically advantageous proposal. The ADR notifications allow the Hospital Pharmacy to purchase therapeutic alternatives for the patients.

Aim and objectives Retrospective study to analyse ADR notifications registered between 2020 and 2021 in an Ambulatory Care Pharmacy Unit.The ADR occurred in patients followed at these Ambulatory Care Pharmacy facilities.

Material and methods ADR notifications analysis occurred between 2020 and 2021 (January–September) in patients followed at the Ambulatory Care Pharmacy.

Results There were 41 ADR notifications in 2021 (January–September) and 7 ADR notifications in 2020. 27 of the ADR notified were for generic drugs, of which 16 occurred with anastrozole, 7 with imatinib, 1 with bicalutamide, 1 with emtricitabine/tenofovir, 1 with letrozole and 1 with tenofovir.

Generic drugs were related to the majority of the notified ADR. In almost every case, patients were given the same active substances produced by different generic pharmaceutical laboratories which were effective in controlling the notified ADR.

Conclusion and relevance It was verified that the majority of the notified ADR occurred with generic drugs (the majority occurred with anastrozole – a breast cancer treatment drug), which can be linked to the tablet's pharmaceutical formulation or excipients, given that when patients were dispensed a different brand of the same drug, their symptomatology improved.

It is also appropriate to emphasise that ADR related to Imatinib Farmoz were notified, which are fundamentally related to its tablet coating, according to the patients' complaints.

The ADR notifications' execution by the pharmacist allowed the Hospital Pharmacy to acquire the best tolerated drugs by the patients, despite the higher costs, contributing to better patient compliance, treatment efficacy and patients' quality of life.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. https://www.infarmed.pt/web/infarmed/perguntas-frequentes-area-transversal/medicamentos_uso_humano/farmacovigilancia

Conflict of interest No conflict of interest

4CPS-121 EMERGENCY MEDICINE CLINICAL PHARMACIST'S INTERVENTIONS AND THEIR IMPACT ON PREVENTABLE ADVERSE DRUG EVENTS

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Background and importance Emergency departments (ED) with established emergency pharmacist programmes have reported on both cost savings and a perception among physician and nursing staff that medication safety and quality of care are improved. Thence, in ED, the involement of clinical pharmacists can play an important part in the identification and reduction of preventable adverse drug events (ADEs).

Aim and objectives Evaluate the type and frequency of an emergency medicine (EM) clinical pharmacist's intervention (CPI) on physicians' prescribing and their effect on preventable ADEs.

Analyse the acceptance of CPI. These interventions were related to identifying, preventing and resolving drug-related problems.

Material and methods Retrospective observational study of all CPI completed on ED lodged (inpatient) adult (≥16 years old) prescriptions over 4 months in an academic hospital of 400 beds.

The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Index for Categorising Medication Errors Algorithm was used to categorise interventions. An ADE has been defined as "any harm associated with any dose of a drug".

Results A total of 645 CPI were collected in 607 patients (mean average of 1.23±1.89 CPI per patient). Mean age was 77±10.4 years and 69% were men. The acceptance rate was 90.4%; all CPI were conducted face-to-face with a physician. CPI most often pertained to anti-infective agents (40%), cardiovascular agents (17%), insulin (10%) and anticoagulants and thrombolytics (10%). The predominant intervention type were dose adjustment (35%), omission of regular medication on admission (30,5%),therapeutic substitutions(30%), initiating drug therapy(16.5%) and changes in route of drug administration (11%).

Of overall CPI, 42% were categorised as potential ADEs. The most common preventable ADEs intercepted were improper dose (56%) and frequency and route (23%).