Results We included 37 patients, 33 with chronic migraine and 4 with episodic. 81% were women, with an average age of 51±9 years, 13 received erenumab, 20 fremanezumab and 4 galcanezumab. Erenumab reduced the number of headache days by an average of 18 days in 7 patients, and the number of attacks halved in 8 and the consumption of symptomatic medication in 7. Only 14 patients with fremanezumab reached 12 weeks of therapy, 13 decreased the number of migraine days/month by an average of 11 days, 3 reduced the number of attacks by half, and 5 the consumption of symptomatic medication. Only 2 of 4 patients treated with galcanezumab decreased the number of days of migraine an average of 16 days, halved the number of attacks and the consumption of symptomatic medication. Treatment was discontinued for ineffectiveness in 12 patients (7 with erenumab, 3 with fremanezumab and 2 with galcanezumab). The most frequent adverse effects common to the three mAb were constipation and administration-related reactions. Erenumab also produced paresthesia (23%) and asthenia (8%).

Conclusion and relevance Taking into account that the number of patients was similar in both groups, fremanezumab has a better clinical benefit in reducing the number of days of migraine, and erenumab in reducing the number of attacks by half, and decrease the consumption of symptomatic medication, being generally well-tolerated drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-148 USE OF REMDESIVIR IN SEVERE SARS-COV-2 PNEUMONIA IN CRITICALLY AND NON-CRITICALLY ILL PATIENTS

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Background and importance Severe SARS-CoV-2 pneumonia (COVID-19) is causing an increasing number of deaths worldwide because no effective treatment is currently available. Remdesivir has shown *in vitro* activity against coronaviruses and is being used as an antiviral treatment for COVID-19.

Aim and objectives To evaluate the use and results of remdesivir treatment in hospital settings.

Material and methods A retrospective study was conducted at an 800-bed hospital and involved patients with COVID-19, between March 2020 and June 2021, aged over 18 years, and undergoing treatment with remdisivir. We extracted information from the hospital files, Soarian and Hosix VB and the database was analysed using Excel 5.0, using descriptive and inferential statistics.

Results The 199 patients enrolled in the study were mainly men, staying in medical wards and intensive care units (ICU) and with an age average of 65 years. Of the 84% patients that finished the treatment with remdesivir, 157 completed a 5-day course and 11 patients completed a 10-day course. Of the 16% patients that interrupted the treatment, all due to adverse events, most were in medical wards and, of these, 67% were discharged and 25% died. In those staying in ICU that suffered adverse events, 20% were discharged and 40% died. Overall, the main adverse events were hypertransaminasemia, bradycardia and acute kidney injury. All patients with hypertransaminasemia improved, but half of the patients that stopped the treatment with remdesivir due to bradycardia died. Of all the patients, 77% were discharged, but 20% died. Of the group of patients who died, 77% were in ICU and 21% had adverse events with remdesivir. We found a significant relationship between ICU stay and patients who completed the treatment ($p=0.022$, $p<0.05$) and also with age above 75 years ($p=0.027$, $p<0.05$).

Conclusion and relevance As expected, most of the patients who died were in ICU and 16% suffered adverse events. Nonetheless, our data suggest that remdesivir can benefit non-criticallly ill patients with COVID-19, where clinical improvement was observed in 77% of the patients with discharged. Adverse events were less frequent, but when they occurred, they was mainly hypertransaminasemia and bradycardia. It is expected that ongoing randomised controlled trials will clarify its real efficacy and safety, and who and when to treat.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-149 HOSPITAL AT HOME COVID UNIT: MULTIDISCIPLINARY STRATEGIES

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Background and importance The COVID-19 pandemic has had a dramatic impact on worldwide health services. Clinical treatments, hospitalised patient management and the need to guarantee the quality of care for COVID-19 patients were the main challenges.

The Hospital at Home (HaH) Unit has already demonstrated efficacy, safety and economic advantage compared to conventional hospitalisation. To reduce the pressure of care in hospitals caused by the pandemic, the HaH COVID Unit was created.

Structuring a multidisciplinary team is essential to ensure the best results, reduce mortality and ensure the response in the control of the pandemic. In this sense, pharmacists were involved in developing COVID-19 treatment protocols (C19TP) for patients transferred to the HaH COVID Unit to finish their therapy (corticotherapy and antibiotherapy) at home.

Aim and objectives Characterise C19TP and strategies implemented to optimise medication dispensing for COVID-19 patients.

Material and methods Clinically stable COVID-19 patients were admitted to complete home C19TP between April 2020 and August 2021. On average, medication was dispensed for 5 to 7 days. The developed strategies were:

- Multidisciplinary cooperation in monitoring COVID-19 patients mostly through telemonitoring and telephone consultations
- Ensure availability and safe use of drugs
- Perform protocols for therapeutic management of COVID-19 patients.

Results 165 patients were admitted to the HaH COVID Unit (21 in 2020 and 144 in 2021) to complete the C19TP.

The therapy mostly included corticosteroid therapy (28.6% in 2020 and 70.8% in 2021) and antibiotherapy (85.7% in 2020 and 22.9% in 2021), highlighting the recommended

therapeutic changes throughout the pandemic. It should be noted that 2 patients completed antiviral therapy with remdesivir at home. Strategic implementation of home visits clearly impacts on the hospital beds' capacity.

Conclusion and relevance HaH COVID Unit is a safe and effective option in carefully selected patients with COVID-19.

Collaborative and multidisciplinary management could have a great impact on the improvement of healthcare provided to COVID-19 patients.

Pharmacists should actively participate in therapeutic decisions, in the formulation and adjustment of therapeutic regimens for COVID-19 patients, ensuring the monitoring, evaluation of the safety of the medication, efficacy and management of drug interactions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Elbeddini *et al.* Pharmacists and COVID-19. *J Pharm Policy Pract* 2020;**13**:36.

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4CPS-150 ABILITY TO ASSESS ACUTE KIDNEY INJURY IN PATIENTS ADMITTED TO HOSPITAL

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Background and importance Different criteria were created to identify acute kidney injury (AKI) based on serum creatinine (SCr) levels, namely AKIN, KDIGO, RIFLE.

Aim and objectives To assess the ability to monitor AKI occurrence based on the availability of timely measured SCr levels in a retrospective cohort of patients admitted to hospital.

Material and methods Data from patients admitted to hospital between 1 June 2018 and 31 December 2020 were collected. AKI stage was calculated for each patient based on the AKI staging cut-offs using the three major guidelines (RIFLE, AKIN and KDIGO) and five criteria. In a first analysis, time to reach the SCr cut-off was ignored. In a second analysis, patients reaching any AKI stage were re-evaluated considering the time recommended between SCr tests: 48 hours AKIN and 7 days RIFLE and KDIGO. Descriptive analyses of the AKI stage allocation were performed.

Results During 31 months, 25 777 admissions occurred corresponding to 18 935 patients (4112 patients with more than 1 admission; range 1–18). Mean age of admissions was 60 years (SD 27), 14 146 (54.9%) were female and the mean length of stay was 10 days (SD 16); 63 admissions had a duration <24 hours. During 263 969 bed-days, 81 892 SCr tests were recorded, representing 1 test per 3.22 bed-days. In 4407 admissions (17.1%) no SCr test was recorded. The first SCr test was done on average 2.2 days (SD 2) after admission. A total of 6958 tests increased 0.3 mg/dL from baseline and 1500 tests increased 1.5–2 times their value (stage 1); of these, 1689 and 323 exceeded the 48 hours, and 103 and 29 the 7 day-interval, respectively. In 1618 tests, baseline increased 2–3 times (stage 2) with 363 over 48 hours and 33 over the 7-day interval. In 477 tests, baseline increased more than three times and in 166 increased 4.0 mg/dL (stage 3), where 105 and 39 were over 48 hours and 10 and 4 were over the 7-day interval, respectively.

Conclusion and relevance To accurately monitor AKI, hospital pharmacists need access to SCr levels of inpatients measured at least every 48 hours.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Sutherland L, et al. Nephrology 2020;25(3):212–218.

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4CPS-151 EVALUATION OF CASPOFUNGIN USE IN THE PAEDIATRIC HAEMATOLOGY WARD OF THE NATIONAL BONE MARROW TRANSPLANT CENTRE

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Background and importance Invasive fungal infections are becoming frequent in hospitals and present a major mortality cause for transplanted patients. With the systemic emergence of these fungemia, caspofungin consumption is increasing greatly and consequently so are the pharmaceutical expenses in our establishment.

Aim and objectives To evaluate caspofungin prescriptions in the National Bone Marrow Transplant Centre (NBMTC), the indications, treatment duration and estimates of the treatment cost.

Material and methods A 5-month retrospective study from March to July 2021 in the paediatrics ward of 545 prescriptions for 19 patients where a data collection sheet was elaborated and validated for each new prescription. Data were processed afterwards and the results explored with Microsoft Excel Professional Plus 2016.

Results 95% of prescriptions adhere to the drug marketing authorisation (MA) approved indications (neutropenic fever, *Candida* and *Aspergillus* documented infections) and 5% use outside the MA, a mucormycosis. Average treatment duration was 25 days, with a 15-day average neutropenic fever and invasive candidiasis and a 63-day average for documented invasive aspergillosis. 32% of the treatment cost was attributed to post-transplant complications while 63% were costs for non-transplanted chemotherapy patients' 'complications'. In total the use of caspofungin cost € 290 580, 51% of which were expenses to be paid by the National Health Insurance Fund and 49% to be paid in full by the NBMTC.

Conclusion and relevance With the high cost of caspofungin treatment and the type of patients treated at the NBMTC (immunosuppressed, transplanted, undergoing chemotherapy) a better optimisation of caspofungin use seemed inevitable and indispensable, starting by implying guidelines for a stricter control of the empirical treatment prescriptions and the regular follow-up of treatment durations and necessity of use of caspofungin.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest