Conclusion and relevance In the studied population sample of patients with IBD, a positive correlation between the concentration of adalimumab and prealbumin was observed. To our knowledge this is the first study to find this association, and as prealbumin is a protein with a smaller half-life than albumin, it could be used as a predictive biomarker of adalimumab clearance modification.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

4CPS-171 EFFECT OF LIPIDIC COMPOSITION OF PARENTERAL NUTRITION ON THE DEVELOPMENT OF HYPERTRIGLYCERIDAEMIA AND CHOLESTASIS

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Background and importance The lipid type of parenteral nutrition (PN) may influence the development of cholestasis and hypertriglyceridaemia. Custom PN (CPN) contains medium-chain triglycerides (MCT) and fish oil, rich in omega-3, in contrast to the three-chamber bag PN (3CB) which lacks these lipids.
Aim and objectives This work aimed to compare the relationship between the different lipidic compositions of CPN and 3CB and the outcome of hypertriglyceridaemia and cholestasis.
Material and methods An observational, longitudinal, retrospective, and descriptive study was performed. It included hospitalised non-critical patients aged from 18 to 80 years, without liver diseases, with baseline triglycerides (TG) lower than 200 mg/dL, and gamma-glutamyl transferase (GGT) and alkaline phosphatase (ALP) lower than three times their upper limit of normal values. These patients had received parenteral nutrition with at least 40 grams of lipids per day for more than 5 days.

Data for TG, GGT and ALP were recorded for patients receiving either CPN or 3BC. The increase in these values was evaluated during the administration of PN.

Presence of cholestasis is established if GGT and/or ALP exceeded three times the upper limit of normal, and of hypertriglyceridaemia when TG exceeded 200 mg/dL.

Quantitative statistical analysis was performed using the Student's t-test (p value <0.05) whereas the Chi-squared test was used for qualitative analysis.
Results 41 patients, who received PN for 10 days on average, were included in this study: 20 with CPN and 21 with 3CB.

Abstract 4CPS-171 Table 1

	CPN (mean±SD)	3CB (mean±SD)	P value
Baseline TG	123.5±39.4	110.2±38.4	0.28
Increased TG	50.7±53.9	112.9±76.3	0.004
Baseline GGT	43.8±36.2	31.5±21.4	0.22
Increased GGT	91.3±104.7	160.1±170.4	0.15
Baseline ALP	90.7±55.2	90.04±48.04	0.97
Increased ALP	46.6±53.8	82.2±90.8	0.14

Table 1 shows the results obtained for TG, GGT and ALP, both baseline and increased.

Results show that there was a higher risk of hypertriglyceridaemia in patients with 3CB (62% with 3CB vs 25% with CPN; OR 4.87; p<0.05). No significant difference was observed in the development of cholestasis (48% with 3CB vs. 40% with CPN; OR 1.36; p>0.05).
Conclusion and relevance The absence of fish oil and MCT in the lipid composition of 3CB is associated with an increase in TG values. Although GGT and ALP levels are seen to rise as well, further studies are needed in order to prove this correlation.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

4CPS-172 POSACONAZOL THERAPEUTIC DRUG MONITORING IN A PAEDIATRIC TERTIARY HOSPITAL

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Background and importance Invasive fungal infections (IFI) are a major cause of morbidity and mortality in immunosuppressed patients. Posaconazole is used for prophylaxis and treatment of IFI in immunocompromised patients, although there are scarce data on its pharmacokinetics and posology in children. Posaconazol dosing schedule of our institutional protocol for IFI prophylaxis is 4 mg/kg (max 400 mg) three times a day and 6 mg/kg (max 300 mg) once daily (twice daily on day 1) for oral suspension and tablets, respectively.
Aim and objectives Determine the number of patients who achieved therapeutic plasma concentrations at steady state (ssCp) (0.7–3.75 µg/mL) with the dosing schedule of our institutional protocol. Describe and analyse the pharmaceutical interventions necessary to achieve optimal ssCp and avoid toxicities or treatment failure.
Material and methods Retrospective, observational, single-centre study including 103 immunocompromised patients receiving prophylactic posaconazole from April 2020 to September 2021, with a treatment duration of at least 1 week. Variables collected: age, weight, formulation and trough ssCp.
Results The patients had a median age of 9 (2–23) years and a mean weight of 33.6±18.3 kg. 57/103 (55.3%) of the patients received suspension and 46/103 (44.7%) tablets. 71/103 (68.9%) of the patients had ssCp within the therapeutic range after the first draw (suspension, 31/71; tablets, 40/71), 23/103(22.4%) had a ssCp value <0.7 (suspension, 12/23; tablets, 11/23) and 9/103 (8.7%) had a ssCp value >3.75 (suspension, 4/9; tablets, 5/9).

356 pharmaceutical interventions were performed, 151 in patients taking oral suspension and 205 receiving tablets. In the first group, the dose was decreased in 10.6% of interventions, increased in 23.2% and 61.6% did not require dose changes; treatment was discontinued in 4.6% due to drug interactions, toxicity or change of therapy. Regarding those receiving tablets, the recommendation was to reduce the dose in 11.7%, not to change in 76.1%, increase in 7.8% and stop in 4.4%. In some cases dose modifications were made for clinical circumstances.
Conclusion and relevance Most patients achieved therapeutic ssCp after the first determination according to our scheme.