

The need for dose adjustments was more frequent among the suspension group in order to achieve a correct ssCp, which is consistent with adult and paediatric population studies. Hence, it shows the relevance of pharmacokinetics studies of posaconazole in paediatric populations and the lack of evidence to ensure its efficacy and safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-173 PHARMACEUTICAL INTERVENTION IN BROAD-SPECTRUM ANTIBIOTIC PRESCRIPTION IN HOSPITALISED PATIENTS

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Background and importance Indiscriminate use of broad-spectrum antibiotics implies a threat to public health and may cause multidrug-resistant pathogen infections. In this sense, data from the Infectious Disease Society of America (IDSA) revealed that >60% physicians have detected at least one case of pan-resistant and intractable bacterial infection during the previous year.

Aim and objectives The aim of this study was to analyse the quality of antibiotic prescription (indication and duration of treatment) based on the recommendations of our Antibiotic use Optimisation Program (AOP).

Material and methods A retrospective study (January 2020 to April 2021) of hospitalised patients taking carbapenems, ureidopenicillins, quinolones, cephalosporins or glycopeptides was carried out. We collected demographic information, antibiotic regimen, type and site of the infection and microbiological data from the clinical history management program (SAP). Pharmaceutical interventions over antibiotic prescriptions were mainly associated with starting, interrupting, broadening the spectrum or switching to oral therapy.

Results We included 75 patients (64% men, mean age 67.7 ±13.4 years) with an average stay of 10.3±4.1 days. Most common sites of infection were: soft tissue (25%), intra-abdominal (16.3%), urinary (10%), respiratory (10%) and meningeal (5%). Main pathogens isolated were: Gram-positive cocci (49.4%), Gram-negative bacilli (39.3%), anaerobic cocci (5.7%) and fungi (5.6%).

We implemented 142 pharmaceutical interventions such as withdrawing (33.1%), changing (26.8%) or starting (20.4%) a new antibiotic. In addition, switching and/or changing to oral therapy (18.3%) and continuing the treatment (1.4%). Almost all pharmaceutical interventions were accepted for other specialists. Conversely, glycopeptides (22.5%), carbapenems (19.8%), ureidopenicillins (18%), cephalosporins (11.7%) and quinolones (4.5%) were the main antibiotics that we had an impact on.

Conclusion and relevance Our study shows that hospital pharmacists and the Infectious Control Group play an important role in optimising antibiotic regimes in a variable clinical context. Pharmaceutical recommendations have good acceptance and should be particularly targeted at specific antibiotic classes. All these measures may contribute to decreasing the incidence of multiresistant bacterial infections in the hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-174 EFFECTIVENESS OF OBETICOLIC ACID TREATMENT IN PATIENTS WITH PRIMARY BILIARY CHOLANGITIS

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Background and importance Primary biliary cholangitis (PBC) is a disease with few therapeutic options. Currently the main drug used is ursodeoxycholic acid (UDCA), although approximately 35% of patients will have an inadequate biochemical response after 1 year of treatment. In these patients, the association of UDCA and obeticholic acid (OCA) is indicated, while in cases of intolerance to UDCA, OCA is used as monotherapy.

Aim and objectives To evaluate the efficacy of OCA in patients with PBC based on different biochemical response parameters.

Material and methods An observational, descriptive and retrospective study was carried out in three third-level hospitals in the Canary Islands. Based on the FarmaTools e-prescribing program, a total of 30 patients with a diagnosis of PBC undergoing OCA treatment for at least 3 months were selected. Clinical data were collected: sex, age, date of initiation with OCA. To evaluate the efficacy, the analytical data were extracted from the electronic medical record (Drago AE and SAP): alkaline phosphatase (AF), total bilirubin (BT), gamma glutamyltransferase (GGT), aspartate aminotransferase (AST) and alanine aminotransferase (ALT) at the beginning and every 12 weeks of treatment. Statistical analysis was performed using Microsoft Excel.

Results Thirty patients (90% women) with a mean age of 55 years were included. All previously treated with UDCA for at least 1 year without good response and, subsequently, it remained concomitant with OCA. After 3 months of treatment, the following results were obtained: AF was reduced in 77% of the patients by 31%±22%; in 50% the BT was reduced by 23%±15%; in 83% the GGT decreased by 43%±27%; in 63% the AST decreased by 24%±17% and in 70% the ALT values were reduced by 27%±18%. Of the 30 patients, 19 reached 1 year of treatment of which: in 79% AF and AST were reduced by 46%±265 and 28%±20%, respectively; 32% decreased BB by 30%±24%; GGT decreased in 84% of patients by 68%±37% and ALT decreased in 100% by 38%±23%.

Conclusion and relevance According to the literature, OCA has improved the analytical parameters of the analysed sample, demonstrating its effectiveness in the treatment of PBC in patients who have not previously responded to UDCA therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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