

#### 4CPS-175 MEDICATION REGIMEN COMPLEXITY INDEX AMONG SOLID ORGAN TRANSPLANT PATIENTS IN A TERTIARY HOSPITAL

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**Background and importance** Complex medication regimens (MR) are associated with worse treatment adherence. The Medication Regimen Complexity Index (MRCI) is a validated tool used to quantify complexity of MR and it is the sum of the score in three sections: dosage forms (A), dosing frequency (B) and additional directions (C).

**Aim and objectives** To assess the relative MR complexity among solid organ transplant patients (SOT; kidney, heart, lung and liver) in a tertiary hospital through the validated MRCI Spanish version.

**Material and methods** Transplant patients who collected medication in the Hospital Pharmacy between January and March 2021 were selected. A total of 40 patients (10 per transplant) were chosen randomly through Excel, and a macro with a template of MCRI was created. The qualitative variables were age, sex and type of transplant; the quantitative ones were months from transplant, the total amount of medications, sections A, B, C and total MRCI. All prescribed medications documented in medical records at the hospital ambulatory clinics and the electronic medication list were included. Patients were excluded if they were followed up in other hospitals, had died or MR dosage or frequency was missed/unclear. Subgroup analysis was made to assess MRCI among the type of transplants through ANOVA. All data analysis was made with SPSS version 23, with a <0.05 significance level and a confidence interval of 95%.

**Results** Sample median age was 56.6±14.7 years (95% CI 51.9 to 61.3), a 40% (16/40) were women, median of time from trasplant was 92.7±69.9 months (95% CI 70.4 to 115.0) and number of medications 11.1±4.6 (95% CI 9.6 to 12.6). Subgroup median MCRI were 23.3±10.2 (kidney; 95% CI 16.0 to 30.5), 46.2±12.8 (lung; 95% CI 37.1 to 55.3), 28.5±11.1 (heart; 95% CI 20.6 to 36.4) and 18.7±5.4 (liver; 95% CI 14.8 to 22.5). Section B was the greatest contributor to MCRI (16.6±8.2; 95% CI 14.0 to 19.2), followed by C (6.6±4.3; 95% CI 5.2 to 7.9) and A (5.7±3.7; 95% CI 4.5 to 6.9). Tukey test showed a statistically significant MCRI in lung transplant with p<0.001 when compared to kidney and liver transplants, and p=0.002 compared to heart transplant.

**Conclusion and relevance** The medication regimen of our sample was more complex in lung patients than in any other SOT, therefore these patients could benefit more from pharmaceutical interventions. Further studies with larger samples are required to confirm differences among kidney, liver and heart transplants.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

#### 4CPS-176 ORAL IVERMECTIN EFFECTIVENESS IN THE TREATMENT OF PERMETHRIN-RESISTANT SCABIES: A DESCRIPTIVE AND RETROSPECTIVE OBSERVATIONAL STUDY

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**Background and importance** Ivermectin is used as a therapeutic alternative for permethrin-resistant scabies. The recommended treatment consists of administering two single doses (SD) separated by 7–14 days. An increased incidence and resistance to permethrin was observed in late 2020 possibly influenced by the SARS-CoV-2 pandemic.

**Aim and objectives** To assess the effectiveness of oral ivermectin as a treatment for topical 5% permethrin-resistant scabies in patients from a tertiary hospital and to analyse the characteristics of the sample and the treatment.

**Material and methods** An observational, retrospective and descriptive study was done including patients who collected ivermectin 3 mg tablets in the Hospital Outpatient Pharmaceutical Care Unit between April 2020 and April 2021. All patients were previously treated with topical 5% permethrin and treatment had failed. Ivermectin was considered effective in patients who were discharged from Dermatology Clinics or did not consult for itching or other symptoms in the following 4 weeks after the last dose. Other variables were: number of doses, age, sex and familiar history or cohabiting cases of scabies.

**Results** A total of 37 patients were included and 39 applications were made. There were 16 applications from April 2020 to December 2020 (mean of 1.78±1.79 applications/month; 95% CI 0.41 to 3.05) and 23 from January to April 2021 (mean of 4.6±2.6 applications/month; 95% CI 1.37 to 7.83). Ivermectin was effective in 87.2% (34/39) patients and in the remaining 12.8% (5/39) therapeutic failure occurred, so they required treatment for a second time. A patient was excluded because it was unclear if treatment had been ineffective or reinfestation had occurred. 56.4% (22/39) of patients received two SD separated for 7–14 days. 58.5% (24/39) of patients were women and the mean age of the sample was 31.1±19.3 years (95% CI 26.8 to 37.4). 54.0% (21/39) of the patients were aged between 11 and 30 years, and 74.4% (29/39) had a familiar history or cohabitants within their family nucleus with scabies.

**Conclusion and relevance** In our sample, ivermectin effectiveness was greater than 90% in scabies resistant to topical 5% permethrin and seems independent of the number of doses received. Results suggest that scabies mainly affects women and young people. Infections in cohabitants seem to have an increased frequency and may have been influenced by confinement and delays of treatments during the SARS-CoV-2 pandemic.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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