4CPS-182 INCREASE IN THE PRESCRIPTION OF BENZODIAZEPINES IN THE CONTEXT OF THE SARS-COV-2 PANDEMIC

E Elvira Ladrón de Guevara*, B Sanchez Rodriguez, M Rodriguez Goicoechea, M Sanchez Valera, D Gámez Torres, F Verdejo Reche, I Alferez Garcia. *H.U. Torrecardenas, Pharmacy Hospital, Almeria, Spain*

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Background and importance The most frequently recorded mental health problem is anxiety disorder and in the context of the SARS-CoV-2 pandemic, where an increase in anxiety cases has been evidenced, benzodiazepine derivatives (N05BA) have been one of the most prescribed pharmacological groups in most developed countries for this problem. Although their short-term benefits have been demonstrated, increasing their consumption may have long-term risks.

Aim and objectives The main aim of this study was to find out the prescriptions of benzodiazepine derivatives from 2018 to 2021 in the context of the SARS-CoV-2 pandemic and the variation in them. A secondary objective was to learn which benzodiazepine derivatives varied more.

Material and methods Retrospective, observational and cross-sectional study. The study period included June 2018, June 2019, June 2020 and June 2021. The study population included the 710 581 inhabitants associated with the prescribing doctors of benzodiazepine derivatives from the study province.

Results Total study population N=710 581; 21.61% (153.574) with a benzodiazepine prescription, 67.33% (103 416) women, between June 2018 and June 2021.

The prescribed benzodiazepine derivatives were: alprazolam, diazepam, diazepam/pyridoxine, clotiazepam, lorazepam, ketazolam, clobazam, pinazepam, clorazepato dipotassium, bromazepam, bentazepam, diazepam/sulpiride and diazepam/sulpiride/pyridoxine.

June 2018: 35 800 prescriptions, 67.30% (24 085) women; June 2019: 37 601, 67.20% (25 262) women; June 2020: 39 547, 67.30% (26 622) women; and June 2021: 40 626, 67.60% (27.477) women.

From June 2018 to June 2019 prescriptions increased 5.03% (1801), from June 2019 to June 2020 they increased 5.20% (1946); and from June 2020 to June 2021 they increased 2.73% (1079), which represented a 13.48% increase in prescriptions (4826) from June 2018 to June 2021.

The largest prescription increases were diazepam +23%, lorazepam +18%, bromazepam +12.5%, and alprazolam +12.3%.

The largest prescription decreases were clotiazepam and bentazepam –100%, pinazepam –96.43% and clobazazam –22.45%.

Conclusion and relevance In the context of the SARS-CoV-2 pandemic we have seen a progressive increase in benzodiazepines of 13.48% (4826 prescriptions) from June 2018 to June 2021, with women being the users of 67.33% of prescriptions on average. These data allow us to know the current situation of the prescription of benzodiazepine derivatives to the population and to focus on mental health both in the validation of treatments and in pharmaceutical care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-186 2020 ANTIMICROBIAL CONSUMPTION INDICATORS: ANALYSIS COMPARED WITH PREVIOUS YEARS

L Macía-Rivas*, C Calzón Blanco, CL Fernández Laguna, C Álvarez Asteinza, I Maray Mateos, S Fernández Lastras, I de la Fuente Villaverde, L Oyague López, M Eiroa Osorio, A Lozano Blázquez. *Hospital Universitario Central de Asturias, Hospital Pharmacy, Oviedo, Spain*

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Background and importance A reference panel of antimicrobial consumption indicators was published in 2019 by a committee from the Spanish Society of Hospital Pharmacy (SEFH) and the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC).

Aim and objectives To calculate 2020 hospital antimicrobial consumption indicators and carry out a comparative analysis of these consumption indicators with those observed in the previous 2 years.

Material and methods Based on the panel, 10 antimicrobial consumption indicators were selected. The unit of measurement for the consumption was the number of defined daily doses per 100 stays (DDD/100e).

Results Antibacterials overall consumption (OC) 1.5% (86.5 to 85.2) decrease in 2019; and 4.7% increase in 2020 compared to 2019 (89.2).

Antifungals OC 3% decrease in 2019 (7.05 to 6.84); 26% increase in 2020 compared to 2019 (8.65).

Carbapenems: in 2019, consumption decreased by 4.2% (10.17 to 9.74); in 2020 it increased by 2% compared to 2019 (9.94).

Fluoroquinolones: maintained overall 37.4% decrease (13.01 in 2018, 10.83 in 2019 and 8.14 in 2020).

Fosfomycin: maintained overall increase of 27.6% (0.49 in 2018, 0.65 in 2019 and 0.62 in 2020).

Aminoglycosides: maintained overall decrease of 40.7% (3.27 in 2018, 2.32 in 2019 and 1.94 in 2020).

Colistin: 12.8% decrease in 2019 (1.09 to 0.95), and an 8.4% increase in 2020 compared to 2019 (1.03).

Anti-pseudomonal cephalosporins: maintained overall increase of 19% (2.11 in 2018, 2.47 in 2019 and 2.51 in 2020).

Amoxicillin-clavulanate/piperacillin-tazobactam ratio: maintained decrease of 47% compared to 2018 (4.34 in 2018, 3.54 in 2019 and 2.26 in 2020).

Fluconazole/equinocandins ratio: 24% rise in 2019 (4.14 to 5.45); in 2020 it decreased by 16% (4.57).

Conclusion and relevance During 2020, a change in trend has been perceived in a series of antimicrobial consumption indicators, with higher antibacterials and antifungals OC, carbapenems and colistin consumption, and a decreased fluconazole/equinocandins ratio. This change in trend could be related to the increase of multiresistant bacterial and fungal infections associated with COVID-19.

The downward trend in the consumption of fluoroquinolones and aminoglycosides and the upward trend in anti-pseudomonal cephalosporins and fosfomycin was maintained. Interventions carried out through the antimicrobial stewardship programme aimed at optimising and/or de-escalating empirical antimicrobial treatment may be behind this trend.

The amoxicillin-clavulanate/piperacillin-tazobactam ratio may have been influenced by frequent piperacillin-tazobactam stock-outs in the years studied.

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4CPS-187 PHARMACIST–CLINICIAN COLLABORATIVE STUDY FOR PROSPECTIVE IDENTIFICATION OF DRUG INTERACTIONS IN HIV PATIENTS

I Beristain Aramendi*, A Ros, J Boo, T González, J Landa, A Eceiza, C Bachiller, MJ Gayán, G Lizeaga. *Hospital Universitario Donostia, Hospital Pharmacy Service, Donostia-San Sebastián, Guipuzcoa, Basque Country, Spain*

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Background and importance As for the general population, HIV patients with antiretroviral treatment (ART) tend to be polymedicated. In this scenario it is crucial to verify the real-time prevalence of interactions and their clinical relevance.
Aim and objectives Review of ART and comedication in HIV patients by a hospital pharmacist in order to detect interactions and improve safety.
Material and methods Prospective study carried out in consecutive patients seen by a physician and a pharmacist between April and May 2021. Variables collected: age, sex, viral load (VL), ART and comedication (according to their Anatomical Therapeutic Chemical (ATC) classification).

Interactions between ART and comedications were reviewed in Lexicomp, Liverpool and Micromedex databases, and classified according to their level of interaction: no interaction and potential weak interaction (little relevance in clinical practice), potential interaction (monitoring is recommended) and contraindicated. Recommendations were developed based on the previously mentioned databases.
Results The study included 100 patients, mean age 48 years, 72% men. VL <50 copies/mL: 95%. Of those 100 patients, 68 used comedication that included 229 drugs, with a mean of 3.3 drugs per patient. Some type of interaction was found in 57 (24.9%) of the 229 drugs (39 (68.4%) potential interaction, 17 (29.8%) potential weak interaction and 1 (1.8%) contraindicated). The main ATC groups with high prevalence of interactions were: nervous system (54%), musculoskeletal system (15%) and cardiovascular system (12%). The remaining minority groups (19%) included alimentary tract, blood and haematopoietic organs, dermatological, anti-infectives and antineoplastic/immunosuppressants. The aforementioned 57 detected interactions affected: comedication (46), ART (9), both (1) and physiological factors (1). As a result, the following recommendations were developed: analytical control of thyroid function, separation of drug intake, drug substitution (antipsychotics, anxiolytics, analgesics), monitoring of immunosuppressant levels, control of kidney function and performance of an electrocardiogram.
Conclusion and relevance Most of the interactions were potential (68.4%), affecting mainly comedication and especially drugs for the nervous system. Even though HIV physicians are well aware of ART interactions, as polymedication increases, real-time pharmacist review is a safety need. It was gratifying to have the opportunity to intercept all these interactions in real-time with the prescriber.

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4CPS-189 ASSOCIATION BETWEEN THE DEVELOPMENT OF IMMUNE-RELATED ADVERSE EVENTS AND THE EFFECTIVENESS OF IPILIMUMAB IN ADVANCED MELANOMA

JA Hernandez Ramos*, S Cortijo Cascajares, JM Caro Teller, MA Bruni Montero, S Ortiz Perez, B Sanchez Sanz, A Gonzalez Gomez, JM Ferrari Piquero. *Hospital Universitario 12 de Octubre, Servicio de Farmacia, Madrid, Spain*

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Background and importance The delopment of immuno-related adverse events (irAE) might be associated with better outcomes in oncological patients treated with immunotherapy.
Aim and objectives The main aim was to study the association between irAE incidence and the effectiveness of ipilimumab in monotherapy for patients diagnosed with locally advanced or metastatic melanoma. The secondary objectives were to analyse and to describe the incidence of irAE.
Material and methods Retrospective, observartional and longitudinal study in a tertiary care hospital which included every patient diagnosed with advanced melanoma initiating treatment with ipilimumab in monotherapy between February 2015 and December 2020. Follow-up was carried out until March 2021 or death for every patient receiving at least two cycles. The variables studied were: sex, age, disease record, location and histology of primary tumour, staging, functional status according to the Eastern Cooperative Oncology Group (ECOG), metastasis, mutational status of BRAF gene, treatment duration, reason for treatment suspension, and irAE appearance as well as its gravity according to Common Terminology Criteria for Adverse Events (CTCAE) version 5.0. Statistical analysis was carried out with Stata version 16. Effectiveness was measured as overall survival (OS) and it was calculated by Kaplan–Meier estimation. Survival curves were compared by log-rank test.
Results 39 patients were included, most of them men (64.1%) with a median age of 61 (54–72.5) years. 97.4% had an ECOG score between 0 and 1. 59.0% of patients suffered at least one irAE during follow-up. OS median for patients without irAE was 8.7 months. In the group that suffered one irAE, it was 21.8 months and in the group with two or more 13.1 months. Hazard ratio was 0.596 (95% CI 0.296 to 1.200).

Classification of irAE was as follows: 43.5% cutaneous, 26.1% gastrointestinal, 17.4% hepatobiliary and 13% other. Median OS for patients with irAE with severity degree 1 was 5.3 months, for the group with severity degree 2 it was in 27.1 months and for the group with severity degree 3 it was 13.1 months.
Conclusion and relevance In our patients, the development of irAE was associated with higher OS. More studies are needed in order to elucidate if these results are significant.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-190 TELEPHARMACY: A PILOT EXPERIENCE IN TIMES OF COVID-19 IN A TERTIARY HOSPITAL

[1]C Alarcon-Payer*, [2]MD Córdoba Sotomayor, [2]J Jérez Rojas, [1]A Jiménez Morales. [1]*Hospital Universitario Virgen de las Nieves, Servicio de Farmacia, Granada, Spain*; [2]*Hospital Universitario de Jaén, Servicio de Farmacia, Jaén, Spain*

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