criteria, emergency room visits, and hospital readmissions due to HF decompensation, or death from any cause.

Material and Methods This was a retrospective study January-July 2021 that included HF patients with at least one dose of dapagliflozin. The variables recorded were: gender, age, LVEF, N-terminal B-type natriuretic peptide (NT-proBNP), standard treatment, HF classification according to the New York Heart Association (NYHA), readmissions/emergency room visits for HF, and death. The follow-up period lasted 14 months.

We evaluated whether the prescription of dapaglifozin met the inclusion criteria of the DAPA-HF study which were: LVEF ≤40%, NT-proBNP ≥600 pg/mL, NYHA class II-IV and standard therapy (angiotensin-converting-enzyme inhibitors, angiotensin II receptor blockers or sacurbitril/valsartan, plus beta blockers and mineralocorticoid antagonists).

Results We had 51 patients (20% female) with an average age of 71 (49-88). Prescriptor adherence to all of the criteria was achieved in 30/51 patients (59%). Adherence for each criterion was: LVEF ≤ 40% in 46 patients (90%), NT-proBNP ≥ 600 pg/mL in 44 (86%), NYHA II-IV in 38 (74.5%) and adequate treatment with standard therapy in 45 (88%) patients.

Seventy-six percent (39/51) of patients continued with dapagliflozin at 14 months. During the follow-up period 10/51 visited an emergency room and 10/51 were readmitted for HF decompensation. The cause of death of three of the four patients who died was cardiovascular.

Conclusion and Relevance More than half of the prescriptions for dapagliflozin met the criteria for inclusion in the study. The percentage of HF decompensation or death from cardiovascular causes was greater in our cohort than in the clinical trial sample.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-255 ANTIPARKINSONIAN MEDICATION RECONCILIATION: HOW PREVENTING MEDICATION ERRORS PROMOTES THERAPEUTIC QUALITY AND SAFETY

A Viudez-Martinez, AM Ramirez Lopez*, J Lopez-Nieto, E Climent-Grana, G Riera. *Hospital General Universitario Dr Balmis de Alicante, Pharmacy, Alicante, Spain*

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Background and Importance Pharmacotherapy is the primary treatment for Parkinson Disease (PD). The administration of PD medication needs to be carried out at a particular time to avoid missing doses or inaccurate dosage schemes that may result in motor and non-motor consequences. One-third of all patients with PD visit an emergency department or hospital each year, yet about 70% of neurologists report that PD patients do not get their medication properly when hospitalised. Besides, 1 in 3 patients with PD is prescribed contraindicated drugs during hospitalisation and serious complications, mostly neuropsychiatric, occur in more than half of these patients.

Aim and Objectives To design and implement a medication reconciliation protocol led by clinical pharmacists that allowed to identify, characterise and, eventually, prevent antiparkinsonian medication errors to promote therapeutic quality and safety in daily practice.

Material and Methods This was an interventional, single-centre, one-year, prospective study analysing the impact of developing an antiparkinsonian medication reconciliation programme . All the patients who were hospitalised and had, at least, one active prescription containing an antiparkinsonian drug at hospital admission were included. The medication reconciliation was performed by following a three-phased check: inpatient electronic prescription validation after assessing the outpatient medication schedule, review of the latest clinical report emitted by the Neurology Department, and pharmacist-driven interview of the patient and/or caregiver to confirm the information regarding medication gathered.

Results 171 admission episodes from 132 patients were registered between February 1, 2021, and January 31, 2022. Of 224 prescription lines involving antiparkinsonian drugs, 179 contained, at least, one medication error (59.8%). Commission errors (91.62%) were more frequent than omitted drugs (8.38%). The most common medication errors were related to timing (41.90%), frequency (21.23%), and dosing (19.55%). The implementation of the medication reconciliation programme prevented the erroneous administration of 2716 antiparkinsonian doses, 60% of the total number of doses prescribed during this period. Interestingly, a significant relationship between the number of medication errors and having levodopa prescribed was evidenced ($p<0.05$). A contraindicated drug was prescribed in almost one-third of the episodes (29.82%).

Conclusion and Relevance Clinical pharmacists' implementation of an antiparkinsonian medication reconciliation programme sharply reduced medication errors, and contraindicated drugs prescription, thus improving therapeutics and drug safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-257 PREOPERATIVE INTRAVENOUS IRON TO TREAT ANAEMIA BEFORE MAJOR ORTHOPEDIC SURGERY

S Asenjo Segovia*, M Sarobe Carricas, M Noceda Urarte. *Hospital Universitario de Navarra, Pharmacy, Pamplona, Spain*

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Background and Importance Preoperative anaemia , is a risk factor for poor outcome in patients undergoing surgery. Sufficient data exist to support intravenous iron as efficacious and safe if surgery is planned for < 2-3 weeks after the diagnosis of iron deficiency. Treatment of preoperative iron deficiency anaemia should be implemented as early as posible before the scheduled surgical procedure,most major surgery is elective.

Aim and Objectives The purpose of this study is to review the clinical effectiveness of IVI administered preoperatively for iron deficient in adult patients undergoing elective orthopedic surgery

Material and Methods Retrospective Observational study conducted between January 2021 and December 2021

Eligible participants, identified in preoperative hospital visit were older than 18 years of age and had haemoglobin less than 13 g/dL for men and 12 g/dL por women.

Preoperative assessment visit scheduled 1-2 weeks before surgery, able to receive infusion at least 7 days before the planned operation date.