and gamma), monitored drug and plasma level, pharmacokinetic reports and their degree of acceptance.

Results A total of 202 pharmacokinetic reports were performed targeting 191 ambulatory patients. The mean age of the total was 42.33 ± 16.46 years (range: 6-106) and 51% were female. Only 5 patients had established renal insufficiency with renal clearance < 60 ml/min and 3 patients with hepatic insufficiency (liver enzymes greater than 3 times the upper limit of normal).

The pharmacokinetic reports produced were valproic (43.56%), lithium (37.62%), carbamazepine (8.91%), digoxin (5.94%), phenytoin (2.47%) and phenobarbital (1.48%). Of the patients, 82.68% had plasma levels in therapeutic range, 14.85% were subtherapeutic and 2.47% were supratherapeutic. We highlight a degree of intervention in 17.32% of the pharmacokinetic reports made, and 10.93% of these reports required a change in the dosing regimen or dosing interval together with a new monitoring. The degree of acceptance by the physician was 67%.

Conclusion and Relevance It is important to perform an adequate follow-up of patients with active treatment of drugs with a narrow therapeutic margin for a constant optimisation of the treatment

The data reflect the importance of the hospital pharmacist as part of the multidisciplinary team and the need for direct communication with the primary care physician.

The high degree of acceptance of pharmacokinetic reports shows that the circuit is well received.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-026 MEDICATION-RELATED OSTEONECROSIS OF THE JAWS AND CDK4/6 INHIBITORS

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10.1136/ejhpharm-2023-eahp.250

Background and Importance Medication-related osteonecrosis of the jaw (MRONJ) is a relatively uncommon but serious complication of osteoclast inhibitors therapy with intravenous bisphosphonates and denosumab. Dose, schedule, and duration of inhibition are associated with MRONJ risk. Marcianò et al.[1] launched an alert about a possible association between MRONJ and cyclin-dependent kinase (CDK)4/6 inhibitors in breast cancer patients with osteoclast inhibitors therapy.

Aim and Objectives Evaluate the use of CDK4/6 inhibitors as a risk factor for MRONJ in our cohort of patients with metastatic cancer and denosumab.

Material and Methods

Retrospective observational study. All patients with denosumab (January 2011to February 2022) were included. Cases of MRONJ found were described. Relationship between CDK4/6 inhibitors and MRONJ was analysed with a Chi-square analysis.

Results 363 patients with denosumab were included. 21 cases of MRONJ were detected: 62.5% women, 57.1% (12/21) with breast cancer, 19% (4/21) prostate cancer, and 9.5% (2/21) lung cancer. 42.9% with extraosseous metastases. Median treatment duration for denosumab was 19 months (1-52). 7 with CDK4/6 inhibitors (3 palbociclib, 2 abemaciclib and 2 ribociclib). Median treatment duration with CDK4/6 inhibitors was 27 months (10-35). The mean time from the start of denosumab to the appearance of the event was 23 months (16-29).

Incidence of this complication in patients treated with denosumab but without CDK4/6 inhibitors was 5.24% (14/267) and 7.29% (7/96) in patients with denosumab and a CDK4/6 inhibitor. Although the group with CDK4/6 inhibitors had a higher incidence of MRONJ cases, the difference was not significant (0.461).

Conclusion and Relevance The incidence of MRONJ in our cohort of patients with metastatic cancer and denosumab was higher in the group of patients with CDK4/6 inhibitors. However, this difference was not significant. Our data are somewhat higher than those reported in the literature according to which the risk of MRONJ with denosumab is 1.1% during the first year, 3.7% the second year and 4.6% per year thereafter. Studies with more patients would be necessary to confirm the relationship between the use of CDK4/6 inhibitors and MRONJ.

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Conflict of Interest No conflict of interest.

5PSQ-027 APPROPRIATENESS OF PRESCRIPTION OF TRICYCLIC ANTIDEPRESSANTS ACCORDING TO STOPP CRITERIA: SYSTEMATIC REVIEW OF THE CRITERIA REFERRED TO THE USE OF TRICYCLIC ANTIDEPRESSIVES IN DEMENTIA

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10.1136/ejhpharm-2023-eahp.251

Background and Importance The STOPP-START criteria are a useful tool to detect potentially inappropriate prescriptions (PPIs). For tricyclic antidepressants (TCAs), there are 6 STOPP criteria.

Aim and Objectives To analyse the adequacy according to the STOPP criteria of the prescription of TCAs in patients older than 64 years and to systematically review the literature related to the use of TCAs in patients with dementia, analysing the suitability of the STOPP criteria.

Material and Methods Descriptive cross-sectional study that included all patients over 65 years of age receiving TCAs. The systematic review was conducted following the PRISMA Declaration.

Results 63 patients (50 women) with a median age of 70 years (65-88) were reviewed. In 21 patients (33.3%), the prescription of TCAs according to the STOPP criteria was not appropriate (9 patients received concomitant treatment with opiates, 4 patients dementia medication, 3 had prescribed calcium antagonists, another 3 medication for benign prostatic hyperplasia and, finally, 2 for constipation). No significant differences were found in the relationship between the number of prescribed drugs and the adequacy of the TCAs prescription (p= 0.74). In the systematic review,

7articles were included. One study showed that in clinical practice, TCAs dispensations were maintained after the diagnosis of dementia. Two studies concluded that TCAs are the antidepressants least associated with the onset of dementia. In another study, the long-term use of TCAs was associated with a decrease in the incidence of dementia. A review by the Cochrane Group stated that the evidence on the safety of antidepressants in patients with dementia is of moderate quality, with little data from the antidepressant subgroups. The last two articles associated the use of antidepressants with dementia without differentiating the antidepressant groups.

Conclusion and Relevance Based on the data from our population, the high inappropriateness of TCAs prescription according to the STOPP criteria suggests that this is a field with ample room for improvement. PPIs could be reduced if STOPP criteria were computerised in electronic prescription programs. Since the results of the review are not consistent, we believe that the STOPP criteria regarding the use of TCAs in patients with dementia should be more flexible, assessing the benefit-risk of treatment on an individual basis and closely monitoring adverse effects.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-029 PERCEIVED EXPERIENCE OF PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) AFTER IMPLEMENTING A TELEPHARMACY PROGRAMME

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10.1136/ejhpharm-2023-eahp.252

Background and Importance Telepharmacy promotes continuous and quality health care based on the use of new technologies.

Useful in patients with chronic diseases that require a pharmacovigilance programme, such as HIV patients.

Aim and Objectives To determine if a telepharmacy model, improves the perceived HIV patient experience compared to a traditional (face-to-face) model of health care.

Material and Methods Prospective observational interventional study (January to August 2022). Included 35 HIV patients with antiretroviral treatment (ART) of legal age under follow-up by the pharmacist, with access to technologies to receive telepharmacy assistance and who gave their consent.

The study was divided into 2 stages: T-4 pre-implementation of telepharmacy (January to April 2022), T+4 post-telepharmacy (May to August 2022).

Patients were recruited during the T-4 period in the pharmaceutical care office, where they were given the questionnaire: Instrument for the Evaluation of Chronic Patient eXperience (IEXPAC), a 15-item questionnaire with 11 global questions and 4 conditional questions, which makes it possible to assess the patient's perceived experience of health care.

The SPSS® program and Wilcoxon test assessed whether there are differences in the IEXPAC (global and conditional) in the same population before and after implementing a telepharmacy programme.

Other stratification data were: sex, age, time since diagnosis and number of tablets per day.

Results 35 patients were included (100% male), median age 53 years (31-72), 97.6% took one tablet daily, median disease evolution 17 years (0.5-33).

4 telematic consultations were carried out with each patient.

Global IEXPAC: 27 patients had a better experience, 8 remained the same. Conditional IEXPAC: 30 patients had a better experience and 5 remained the same. The Wilcoxon test compared the results of IEXPAC before and after implementing a telepharmacy programme ($p<0.01$).

Conclusion and Relevance The implementation of telepharmacy programmes improves the experience perceived by HIV patients of pharmaceutical care.

Telepharmacy could be a useful tool for the control and pharmacotherapeutic follow-up of HIV patients and other pathologies, avoiding unnecessary trips by vulnerable patients who have difficulty in going to the hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-030 SAFETY AND SECURITY OF CICLOSPORIN EYE DROPS IN PATIENTS WITH XEROPHTHALMIA

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10.1136/ejhpharm-2023-eahp.253

Background and Importance Ciclosporin 1 mg/ml eye drops is indicated for the use of xerophthalmia in patients with severe keratitis unresponsive to artificial tears. Ocular dryness is a refractory symptom of many systemic pathologies. It is difficult to manage clinically and therapeutic options are limited.

Aim and Objectives To review the tolerance of patients to cyclosporine 1 mg/ml eye drops, as well as the rate of associated eye infections and the feeling of improvement evaluated by the patient himself.

Material and Methods Retrospective study carried out in a 350-bed general hospital. Patients who had started treatment with cyclosporine 1mg/ml eye drops from 2018 to 2022 and who had been diagnosed with keratoconjunctivitis sicca (KS), Sjögren's syndrome (SS), Graves-Basedow syndrome (GBS) with xerophthalmia were studied. Data collected: sex, median age [range], pathology, positive Schirmer test (< 5 mm), associated eye infections during treatment, treatment of these infections, discontinuation of cyclosporine due to infections, tolerance to treatment, discontinuation due to poor tolerance and clinical improvement perceived by the patient. Data obtained from the digital medical record, the assisted electronic prescription program (Dominion®) and the clinical interview with the patient in the pharmacy consultation

Results 37 patients. 25 women (67.57%). Median age 46[4-75]. Patients with SS 14 (37.84%), KS 19 (51.5%), GBS 4 (10.81%). All (100%) of them with positive Schirmer test (< 5 mm). Associated eye infections during treatment 11 (29.73%), need for antibiotic treatment 9 (24.32%). Patients who left the treatment for any circumstance 20 (54.05%), due to poor tolerance 14 (37.84%). Patients that perceived clinical improvement 21 (56.77%).

Conclusion and Relevance Xerophthalmia is a hard to control symptom in systemic pathologies. Treatment with cyclosporine eye drops is an alternative for those patients. Some do not