tolerate the drug correctly and it is necessary to resort to other treatment strategies. Associated infections could be a risk factor for discontinuing cyclosporine eye drops, but each patient must be evaluated individually and closely monitored for possible complications that may arise from treatment. The response to ciclosporin treatment improved patient's life quality.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

5PSQ-032 PHARMACIST INTEGRATION IN THE MULTIDISCIPLINARY EMERGENCY TEAM

[1]E Martinez*, [2]I Corredor, [1]P Tardaguila, [1]C Dean, [1]GI Casarrubios, [1]A Miranda, [1]A Codonal, [1]AM Horta. *[1]Hospital Universitario de Guadalajara, Hospital Pharmacy, Guadalajara, Spain; [2]Hospital Universitario de Guadalajara, Hospital Emergency Department, Guadalajara, Spain*

10.1136/ejhpharm-2023-eahp.254

Background and Importance Hospital pharmacists' activity is turning towards the direct care on clinical units. In Emergency Department (ED), medication errors (ME) may occur due to multiple factors: lack of coordination between services or pressure in medical care. Numerous studies, highlight the benefit of pharmacist intervention in the multidisciplinary health team.
Aim and Objectives The aim of this study was to analyse pharmaceutical interventions (PIs) carried out in ED, studied the ATC group of drugs involved and evaluate medical acceptance.
Material and Methods This two month (April-May 2022) prospective study was carried out in the Half-Stay Unit (HSU) of the ED in a second level hospital.
Inclusion criteria: age $\geq$ 65 years and polypharmacy ($\geq$ 5 drugs in chronic treatment).
Variables collected: demographic, PIs, cause of PIs, medical acceptance and ATC group of drugs involved.

Daily list of patients was obtained through the electronic prescription program and PIs were notified on-site or using this program.

PIs were classified according to the system of the Consensus of Granada modified in drug discontinuation (unnecessary/duplicity/contraindication/interaction), drug change (contraindication/interaction), change of dose, frequency or schedule, initiation of treatment (usual treatment not prescribed/need additional treatment), monitoring (determination of plasma drug levels and follow-up) and prescription errors.

PIs were considered accepted when doctor modified treatment in medical order or discharge report.
Results Final analyses included 52 patients. Median age was 82 years (IQR: 68-88), 58% men. During the study period, 120 PIs were performed and the 77% were accepted.

46% of PIs corresponded to initiation of treatment (usual treatment not prescribed), 15% to discontinuation (unnecessary drug), 15% to change in dosage, frequency or schedule, 14% to prescription errors and 10% others.

ATC groups most frequently involved were C group (cardiovascular system) (35%) B group (blood and blood forming organs) (25%) and N group (nervous system) (20%).

Conclusion and Relevance Most of PIs corresponded to initiation of usual non-prescribed treatment followed by discontinuation of unnecessary drugs.
Medical acceptance was high. Highlight PIs carried out around group C (lipid-lowering and antihypertensive drugs).

Multidisciplinary team helps improve pharmacotherapeutic profile and patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

5PSQ-033 ANTIVIRAL TREATMENT DISCONTINUATION IN PATIENTS WITH HEPATITIS B

E Martinez*, S Corrales, C Dean, A Codonal, P Tardaguila, GI Casarrubios, A Miranda, A Lazaro. *Hospital Universitario de Guadalajara, Hospital Pharmacy, Guadalajara, Spain*

10.1136/ejhpharm-2023-eahp.255

Background and Importance Studies suggest the safest strategy of treatment discontinuation with nucleos(t)ide analogues (NAs) against hepatitis B virus (HBV), is proposed after loss surface antigen (HBsAg). Evidence supports the possibility of discontinuing NAs in the following situations:

- Patients with positive e antigen (HBeAg) without cirrhosis: after negativisation of HBV-DNA and HBeAg seroconversion, confirmed in 2 determinations separated by 3-6 months and after NAs at least 12 months.
- Patients with negative HBeAg, without advanced fibrosis early in treatment: after negativisation of HBV-DNA for at least 3 years and HBsAg clearance (qHBsAg) ≤1000 IU/mL.

Aim and Objectives The objective was to characterise the population in treatment with NAs and analyse patients who met requirements for treatment discontinuation
Material and Methods Cross-sectional, descriptive, retrospective study of patients under active treatment with NAs between August 2020-August 2021.
Variables collected: demographic, NAs used, treatment duration and clinical (positive or negative HBeAg, HBeAg seroconversion, HBV-DNA, qHBsAg, degree of hepatic fibrosis, HBsAg loss, virological relapse (RV) (HBV-DNA>2000 IU/ml after treatment discontinuation).
Results We included 50 patients (70% men). Median age was 56 years (IQR: 48-66) and median of treatment duration was 66 months (IQR: 27-108). 62% were treated with tenofovir disoproxil fumarato and 38% with entecavir.

8% of patients had positive HBeAg without seroconversion and without negative HBV-DNA. 92% had negative HBeAg with seroconversion and negative DNA-HBV.

32% of patients had qHBsAg ≤1000 IU/ml, 28% ≥1000 IU/ml and 40% not determined. 30% of patients had advanced fibrosis.

In 12% of patients with positive HBsAg, treatment discontinuation could be considered. All of them had HBeAg negative, fibrosis F0-F1 at the beginning of treatment, negative HBV-DNA maintained at least 3 years and qHBsAg≤1000 IU/ml.

HBsAg loss occurred in 6% of patients who had not discontinued treatment and 16% of patients had to restart treatment for RV.