5PSQ-042 PREVALENCE OF MEDICATION PRESCRIPTION WITH A POTENTIAL NEGATIVE EFFECT ON SWALLOWING IN OUTPATIENTS WITH COGNITIVE IMPAIRMENT AND A DIAGNOSIS OF DYSPHAGIA

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Background and Importance Dysphagia is a highly prevalent syndrome in the elderly population, and especially in those with cognitive impairment. In addition to age-related factors and comorbidities, drugs with a potential negative effect on swallowing function have been identified, many of which are commonly used in pathologies that are also prevalent in the elderly. Knowing and raising awareness about the dimension of this problem can help increase the safety of pharmacological treatment in these patients.

Aim and Objectives To determine the prevalence of medication prescription with a potential negative effect on swallowing in elderly outpatients with cognitive impairment and diagnosis of dysphagia.

Material and Methods Observational, descriptive and cross-sectional study in which we analysed the pharmacological treatment of patients with cognitive impairment and a diagnosis of dysphagia attending the nutrition hospital pharmacy clinic of a tertiary hospital. We recorded sociodemographic, prescribed medications, potential effect on swallowing function and its mechanism data. Medications with a potential effect on swallowing were selected from the existing literature and the information contained in summaries of products characteristics.

Results We analysed 594 prescriptions corresponding to 68 patients whose mean age was 85,5. We identified 170 drugs belonging to 12 therapeutic groups. 66 patients (97%) had been prescribed some medication with a potential negative effect on swallowing function, and the mean number of these medications prescribed per patient was 3.6. 246 prescriptions (41,6%) corresponded to medications with negative potential on the swallowing function, mainly due to their sedative effect (n=118, 48%), followed by production of xerostomia (n=44, 18%), neuromuscular action (n=33, 13.4%), direct irritants (n=18, 7.3%), and unknown mechanisms (n= 4%). 23 prescriptions (9,3%) shared different mechanisms.

Conclusion and Relevance We observed a high prevalence of drug prescriptions with a potential negative effect on swallowing in this subgroup of patients. These results highlight the importance of re-evaluating the clinical need for these medical prescriptions in patients with dysphagia. Hospital pharmacy has an important role in detecting these medical prescriptions and promoting the search for alternatives to ensure the best benefit-risk ratio. The need to extend the study to other subpopulations of patients with dysphagia should be considered.

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Conflict of Interest No conflict of interest.

5PSQ-044 REAL-LIFE SAFETY AND SATISFACTION OF CFTR PROTEIN MODULATORS IN CYSTIC FIBROSIS

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Background and Importance The new transmembrane conductance regulator (CFTR) modulator drugs (ivacaftor/tezacaftor/elexacaftor) are bringing about a major change in the treatment and quality of life of cystic fibrosis (CF) patients. There is a need to collect information on patient perception of benefit and safety.

Aim and Objectives To assess the satisfaction and adverse effect (AE) profile reported by patients on ivacaftor/tezacaftor/elexacaftor treatment.

Material and Methods Observational, prospective, single-centre study from March to June 2022. CF patients with at least one p.Phe508del mutation in treatment with CFTR modulators. Variables: sociodemographic (age and sex) and biochemical (GOT-ASAT, GPT-ALAT, bilirubin and CPK) collected from patients' medical records. Treatment Satisfaction Questionnaire for Medication (TSQM 1.4) with 14 items in four scales assessing efficacy, side effects, convenience and overall satisfaction from the patient's own perspective, the higher the score, the higher the satisfaction. Adverse Effects Questionnaire (ad hoc), Patient Informed Consent.

Results Out of 58 patients on treatment, 43 answered the questionnaires, 17 (40%) female, median age 30 (26-37). For TSQM the median score for each item was 21 (20-21) over 21; 19 (16-20) over 21; 21 (18-21) over 21 and 17 (16-17) over 17 respectively. Regarding AEs: 39.47% reported increased appetite, 31.58% rash, 23.68% headache, 13.16% runny nose, increased blood pressure, diarrhoea and itchy skin, 10.53% abdominal pain or discomfort, common cold and itchy or stinging eyes and ≤ 2% flatulence, memory loss, yellowing of skin and eyes, muscle pain, fluid retention, insomnia, acne, nausea and vomiting. One patient presented with severe rash requiring discontinuation of treatment. Three months after starting treatment, only three patients had GPT-ASAT >3 LSN and only one patient >5 LSN, one patient had increased CPK >5 LSN and no patient had bilirubin >2 LSN.

Conclusion and Relevance Although a high percentage of patients have experienced AEs, CFTR modulators are widely accepted drugs with a favourable AE profile. The most frequent AEs reported by patients were increased appetite, rash and headache. The AEs described by patients are described in the data sheet. More real-life studies are needed to confirm our study and to provide further evidence.

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