

- The LEAN Methodology was used to draft our action plan to improve HRMs practices.

### Results

- We identified that 14% of adverse drug events were related to HRMs.
- Our consumption analysis indicated that the introduction of low-concentrated KCl solutions in care units was not followed by the expected decrease in the prescriptions of injectable KCl concentrated solutions.
- A total of 171 HRMs were audited in care units. The impact of the pharmaceutical interventions performed during these quality audits was evaluated, which allowed to demonstrate a statistically significant improvement ( $p < 0,05$ ) in terms of storage and expiry of HRMs.

**Conclusion and Relevance** This work highlights the importance of the hospital pharmacist as a key contributor in the continuous quality improvement approach to optimise the management of HRMs in a hospital.

### REFERENCES AND/OR ACKNOWLEDGEMENTS

<https://www.eahp.eu/24-5PSQ-161>

**Conflict of Interest** No conflict of interest.

### 5PSQ-051 PARKINSONISM INDUCED BY TAKING TRAZODONE AS A HYPNOTIC: A CASE REPORT

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**Background and Importance** Sleep disturbance is very prevalent in critically ill patients. Treatment approaches to improve sleep have focused on both non-pharmacologic and pharmacologic strategies. Trazodone is an atypical antidepressant used with highly frequency as hypnotic.

The main side effects described for trazodone are self-injurious thoughts, anaemia, seizures, paraesthesia, confusion or dyspnoea. It can inhibit dopaminergic neurotransmission in the midbrain and as result, cause extrapyramidal effects.

**Aim and Objectives** To describe a case of parkinsonism induced by taking trazodone as hypnotic in a patient admitted in a Critical Care Unit (CCU).

**Material and Methods** A 57-year old man with no relevant medical history was admitted to CCU in May 2021 with pneumonia caused by COVID-19 disease. The patient suffered from insomnia. The physician prescribed trazodone starting with a dose of 50 mg and then 100 mg.

**Results** That afternoon, after taking trazodone, the nurse described slight tremor intensified with movement in upper extremities. The physician on duty was notified but he did not find any explanation. Next day, the official physician checked the medication with the critical care pharmacist.

The syndrome was not explained by analytics or other tests. The pharmacist checked all patient's medications searching information in different databases: the official labels and the clinical trials, PubMed® and UpToDate®. In addition, she checked possible interactions in Lexicomp® database but she did not find nothing. Trazodone was the unique drug associated with the syndrome.

The physician and the pharmacist agreed to discontinue the medication to check if the syndrome disappeared.

The following days, the patient continued with tremble on movement. The pattern of the movement was similar each day. It started at afternoons and disappear during nights. The intensity of the movement was reduced each day. The syndrome disappeared completely one week later.

Based on causality assessment of adverse drug reactions by Naranjo et al., we classify this event as probable/likely. The pharmacist notified this adverse effect to pharmacovigilance.

**Conclusion and Relevance** Trazodone is considered safe and used frequently in our medical system, so the knowledge of effects like that is important. Nevertheless, the parkinsonism induced was reverse and disappear one week later once the treatment was stopped.

### REFERENCES AND/OR ACKNOWLEDGEMENTS

Naranjo et al, Clin Pharmacol Ther 1981.30:239-4.

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### 5PSQ-053 DESIGN OF A PRIORISATION SYSTEM BY COMPLEXITY OF THE REVIEW IN POLYMEDICATED PATIENTS: POTENTIAL INADEQUACY INDEX

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**Background and Importance** In our health area, which serves 450,000 patients, we have >2,000 polymedicated patients (PP) with >15 drugs/month. For an efficient approach to these PP it is necessary to establish some prioritisation criteria for their review.

**Aim and Objectives** To design an index of prioritisation to review PP based on the inadequacy of their polypharmacy, named Potential Inadequacy Index (PII).

Stratify all PP (>15 drugs/month) according to the score of the PII through an automated analysis of their prescriptions.

**Material and Methods** PII is made up of different situations that can occur in the pharmacological treatment of PP: duplicities, prescribing cascades, drugs with low therapeutic value, drugs that prolong the QT-interval and drugs contributing to anticholinergic burden were chosen as components of the PII, giving them a score in case of appearance:

Potential Inadequacy Index (PII)	
Duplicity	1 point
Low therapeutic value	1 point
Prescribing cascades	0,5 points
QT interval prolongation	0,5 points
Anticholinergic burden	0,5 points

All PP were stratified according to the PII score, review's complexity degree of the polymedicated patient and estimated time for review are shown: