number of lesions and a reduction in the size of the masses: from three initial lesions only lesion at the glabella level remains visible and palpable. After objective clinical improvement it was decided to withdraw doxycycline and infiltration of dexamethasone at the persistent lesion. Treatment with adalimumab together with hydroxychloroquine was maintained.

The patient did not report any AE associated with the use of adalimumab.

Conclusion and Relevance The use of adalimumab in this patient showed objective clinical benefits over previously used alternative treatments by achieving a significant reduction in the number and size of lesions in a reduced treatment time without experiencing AE. Together with the evidence collected previously the use of TNF-α inhibitors

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-059 REAL-WORLD CLINICAL DATA OF PALBOCICLIB AND RIBOCICLIB IN BREAST CANCER PATIENT

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Background and Importance Cyclin-dependent kinase (CDK) 4/6 inhibitors, block the transition from the G1 to S phase of the cell cycle by interfering with Rb phosphorylation and E2F release, showing potent antitumour activity and manageable toxicity in HR+/HER2−breast cancer patients.

Aim and Objectives The main objective of this work is to compare Real world data (RWD) between palbociclib and ribociclib in order to investigate the continuity in treatment and the frequecy of heamatologic adverse events(AEs) before and after CDK inihibitors dose reduction(DR).

Material and Methods A court of 128 pts has been analyse from medical and pharmacy records, of these 101 treated with palbociclib and 27 with ribociclib. Patients (PTS) has been observed from 2019 to 2021 and the results were compared with those of pivot trials. The DR was defined as reducing palbociclib dose from 125 mg to 100 mg or 75 mg (≥20% DR), while in ribociclib from 600mg to 400mg or 200mg. In both cases, DR is effective in the management of AE

Results RWD shows that time to first DR is similar in both cases: 11 and 10 months respectively for palbociclib and ribociclib. If a second DR is necessary, it occurrs by th 16,5 months for palbociclib and 16.6 for ribociclib. Of 101 pts treated with palbociclib, 50 (49.5%) discontinued for progression disease (PD) and one of them for metastatic melanoma. 6/27 of pts (22.22%) in the ribociclib setting stopped for PD.In both cases, neutropenia is the prior AE to dose reduction as shown in real life and clinical trials. Its frequency decreases during the first cycle following the dose reduction, with a reduction in the severity.Other AEs observed were: haematologic disorder, hepatic cytolysis, drug intolerance, anaemia, leukocytosis, febrile neutropenia and fever.

Conclusion and Relevance As shown by the pivot trials, both the treatments are equal in term of toxicity and duration.The proportion of pts with PD appears to be superior in Palbociclib setting, even though need a deeper study with a good statistical model to confirm results..For clinician using ribociclib is much more comfortable than palboclib, due to the possibility of DM without interrupting treatment

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-060 GLUTEN IN MEDICINES. A PRESCRIPTION HELPING TOOL

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Background and Importance The use of excipients containing gluten in medicines can be a problem for celiac patients, especially for those with chronic pathologies. Based on this, current spanish legislation requires pharmaceutical laboratories to declare excipients containing gluten and those that may contain gluten.

Aim and Objectives To evaluate the presence of unsafe excipients for celiacs patients in medicines and the quality of the information regarding gluten content for patients and prescriptors; as well as to create an application that facilitates prescription by professionals.

Material and Methods A database in a table format was created to determine the percentage of pharmaceutical presentations with excipients that may contain gluten. Data collected was: active ingredients, therapeutic group, type of excipient, and marketing status. This data was obtained from the prescription Nomenclator tables (source: Agencia Española del Medicamento y Productos Sanitarios). With this database, an application was created to find out which presentations may contain these excipients and what alternatives are available on the market.

Results 41319 presentations were recorded, of which 19957 were commercialised. The database revealed that 8% of the presentations commercialised included excipients that may contain gluten. Of these, 93.05% corresponded to carboxymethyl starch and sodium carboxymethyl starch, of which it is difficult to know the source of the starch and its possible gluten content. Moreover, 1.836% contained wheat starch, which can have variable amount of gluten. The information found in the data sheets was variable and, in some cases, insufficient to acknowledge the real risk.

With this data, an application has been created in which it is possible to search by active ingredient or therapeutic group, providing specialties that contain excipients with gluten or its derivatives, as well as therapeutic alternatives suitable for celiac patients. In addition, this application warns of the presence of lactose.

Conclusion and Relevance Carboxymethyl starch and sodium carboxymethyl starch are the most used excipients that may contain gluten and there is a great difficulty in finding reliable information about their origin. This situation makes prescription difficult and shows the need for tools that allow quick and easy access to data, guiding towards a safer prescription for celiac patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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5PSQ-062 REVIEW AND DEPRESCRIPTION OF MEDICATION IN POLYMEDICATED PATIENTS WITH PSYCHOACTIVE DRUGS

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Background and Importance Approximately 38% of European population has a mental health disorder that requires chronic and complex treatment, which have a high risk of long-term toxicity. Moreover, in the therapeutic groups used, it is advisable to carry out a progressive decrease in the dose until the drug is withdrawn.
Aim and Objectives To evaluate a medication review and deprescription programme in patients who have prescribed three or more drugs for pathologies under mental health follow-up.
Material and Methods Descriptive and prospective study, carried out with three cohorts in each of which patients had to have three or more concomitant prescriptions of: antidepressants (A), neuroleptics (B) and benzodiazepines (C); followed by the mental health unit of a tertiary hospital.

Pharmacy service obtained the lists in May 2022 through Information Processing Module to know the consume through electronic prescription, and posted on a corporate application, so that each doctor could access the individualised review during the current year. Four months later, a section was made to study the degree of strategy's implementation.

Demographic data(age; sex) and review's percentages were collected, analysing deprescription (one/two drugs), treatment maintenance (by reason of severity/prescription on demand/de-escalation phase/other reasons), dose changes and new drug's prescription (substitution/addition).
Results Study population obtained of 338 patients (mean age: 51years; men:55.3%): 34 (10.1%) (A), 81 (53.5%) (B) and 123 (36.4%) (C). The results obtained: 53.9% reviewed [(A): 44.1%; (B): 58%;(C):50.4%], 34% pending review [(A):26.5%; (B): 31.5%; (C):39.9%] and 12.1% excluded (review not applicable). Some drugs was deprescribed in 17.6% [(A):20%; (B):17.1%; (C):17.7%]:14.8% (one) and 2.8% (two). Same prescriptions' number was maintained in 82.4% [(A):80%;(B): 82.9%; (C):82.3%]:75.3% severity, 15.3% scheduled demand, 8.7% de-escalation and 0.7% other. Dose changes were reported in 12.1% [(A):6.7%; (B):15.2%; (C): 8.1%]: all of them decreased. Finally, 1.7% of new prescriptions were obtained [(A):6.7%;(B):1%; (C):1.6%]: all of substitution. In no case was the prescriptions number increased.
Conclusion and Relevance This tool provided has allowed prescribers to access and review the population susceptible to deprescription. The degree of acceptance has been good. In the majority of patients the prescriptions were maintained, but in 1/5 the patient's medication deprescription was performed. The study should be extended until the review of the entire selected population.

Periodic reviews can make a high impact on these patients' health as well as a positive economic impact. Furthermore, it would be useful to create our own drug review/deprescription algorithms and to implement this strategy in other units.

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

5PSQ-063 A CROSS-SECTIONAL STUDY ON THE POTENTIALLY INAPPROPRIATE PRESCRIBED AND CONTRAINDICATED HIGH-RISK MEDICATION IN HOSPITALISED CHRONIC COMPLEX PATIENTS

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Background and Importance Increased life expectancy has supposed a higher presence of comorbidities leading to polypharmacy rising the prevalence of potentially inappropriate prescriptions (PIPs) and high-risk medication (HRM) burden. PIPs can be a cause of harm or no longer provide health benefits which is why pharmacists-led interventions aimed at detecting and reducing it have emerged during recent years.
Aim and Objectives Assess the prevalence of PIPs, HRM and contraindicated medications in chronic complex patients (CCP) to whom pharmacist-led in-hospital reconciliation have been performed and to determine de HRM burden consequence of PIPs.
Material and Methods Cross-sectional study on hospitalised CCP between March and April 2022. Pharmacist-led medication reconciliation, PIPs identification (using the List of Evidence-based deprescribing for chronic patients (LESS-CHRON) criteria) and contraindicated (using the Spanish datasheet) and HRM (using the High-Alert Medications in chronic patients Institute for Safe Medication Practices (ISMP) list) identification was performed.

Demographic data together with Pfeiffer and Barthel index were collected from patients' medical records. Chi-square test was utilised to determine differences in the proportion of PIPs between HRM and non-HRM.
Results 60 patients were included, (43.3% women, mean age was 76.8 ± 9.8 years). Pfeiffer index was 0-2 (normal cognitive level) in 35(58.3%) and Barthel index was 60-99 (low dependence level in 26(43.4%) of patients. Mean number of prescribed medications was 12.8 ± 4.7. At least one PIP was detected in 100% of patients (mean number of 4.7 ± 4.1 PIPs). In 11 patients (18.3%) the detected HMR also was PIPs. Mostly involved drugs were benzodiazepines (72.7% of cases), spironolactone (9.1%), vildagliptine (9.1%) and quetiapine (9.1%). In 13 cases (21.7%) HRM was also contraindicated (23% oral anticoagulants, 23% digoxine and 15% eplerenone). There were non-significant differences in the proportion of PIPs between HRM and non-HRM (3.9% vs 3%, $p \geq 0.05$).
Conclusion and Relevance Considering these findings, a high prevalence of PIPs was found through pharmacist-led assessment in hospitalised CCP according to LESS-CHRON criteria.

Moreover from HRM assessed by IRMP, a high number of PIPS and contraindicated medication were identified, of which benzodiazepines and anticoagulants were the most detected according to the literature and the results obtained.

This fact highlights the need for pharmacists-led treatment-assessment and optimisation programs in this population.