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

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in the therapeutic groups used, it is advisable to carry out a progressive decrease in the dose until the drug is withdrawn.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.

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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.

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5PSQ-064 CONCOMITANT TREATMENT WITH ATEZOLIZUMAB AND ENZALUTAMIDE FOR METASTASTIC NON-SMALL-CELL LUNG CANCER AND METASTASTIC PROSTATE CANCER: A CASE REPORT

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Background and Importance Only one phase III trial of enzalutamide with or without atezolizumab in men with metastatic prostate cancer who progressed on abiraterone has been reported in the literature. No cases have been reported in clinical practice with experience in the management of patients with lung and prostate cancer under concomitant treatment with atezolizumab and enzalutamide.

Aim and Objectives To describe the efficacy, safety and adherence of concomitant treatment with enzalutamide for metastatic castration-resistant prostate cancer and atezolizumab for metastatic lung adenocarcinoma in a patient case.

Material and Methods This was a descriptive, retrospective clinical case. The data (diagnostic tests, therapy and clinical course) were obtained by review of electronic medical records. Adherence was evaluate using medication possession ratio (MPR).

Results A 72-year-old male patient with stage IV non-small-cell lung cancer, negative eGFR, ALK and PD-L1, diagnosed in January 2019, received a first line standard chemotherapy. In September 2019, there was evidence of tumour progression and treatment with atezolizumab was started. In December 2019, patient was diagnosis of prostate adenocarcinoma with possible ganglionic involvement, surgery was performed and anti-androgen treatment was started. The patient continues maintenance treatment with atezolizumab and in December 2021, bone metastases of prostate origin were detected. Enzalutamide treatment is proposed for prostate cancer and maintenance atezolizumab for lung cancer. No cases have been reported in the literature, but there is one phase III trial, Imbassador250, which at least reports concomitant administration of the two drugs for prostate cancer. Given the favourable safety data from the study, and the efficacy data reported for both treatments for their corresponding indications, enzalutamide is initiated while treatment with atezolizumab is maintained. No toxicity from the treatments has been reported. The patient has maintained both treatments to the present day, maintaining clinical response for both tumours. The patient has shown 100% adherence to oral and intravenous treatment.

Conclusion and Relevance This is the first case report with evidence of efficacy of concomitant treatment with atezolizumab for lung cancer and enzalutamide for prostate cancer, with no additional toxicity. It is important to report these cases in real clinical practice because these conditions will not be present in clinical trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-065 BE A HUMAN, NOT A CASE REPORT: HOSPITAL PHARMACISTS MAKE THE DIFFERENCE

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Background and Importance The hospital pharmacy of our Health Institute is eligible to carry out phase 1 study till 2017. In July 2021 a multidisciplinary team, which includes pharmacists, approve the choice to enlist a 61 year old man of 70 kg affected by colon cancer fourth stage, inoperable, with failure of all drug therapies and without therapeutic treatment.

Aim and Objectives The aim of our work was to create a personalised pharmacological therapy in order to improve patient's life expectancy, minimising side effects.

Material and Methods Evaluation and creation of a custom pharmacological protcol, with continuous monitoring patient's vital parameters, before, during and after drug administration. The calculated dose was 5mg/kg. Pharmacists were involved also in monitoring of adverse drug reactions scheduling periodical patient interview and participating in the review of therapy with clinicians. Specifically 24 h from the first injecton; 7 and 15 days after drug administration.

Results Reduction in the volume of morphological lesions after a month from first infusion, observed by computed tomography, according to response evaluation criteria in solid tumours (RECIST 1.1): supraclavicular lesion on the left (cm 1.6 vs cm 2.7); paratracheal formation (cm 1.6 vs 1.4); formation of the aorta-pulmonary window (cm 1.6 vs 1.8); decreased hepatic formation (cm 4.6 vs cm 5.1). After nine months from first administration, we observed that reduction of morphological volume lesions remains constant. No adverse reactions were presented in the whole observational period. in addition, the patient interviewed reports less fatigue and increased mobility.

Conclusion and Relevance Phase 1 study (eudract 2017-002615-33) involves the use of LNA- i-miR-221, a new molecule synthesised to inhibit mir-221, which may be responsible for cellular dysfunction attributable to increased proliferation and inhibition of apoptosis, which has always been allmarkers of cancer. Single drug vial contains 35 mg. The For calculated dose was 350 mg, reconstituted with 20 ml NaCl, infused in total volume of 100 ml for 30 minutes. Therapy personalisation and interdisciplinary collaboration proved to be a success in ensuring help and limiting adverse effects.

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