Due to persistent thrombocytopenia and DVT, heparin-induced thrombocytopenia was suspected. Anticoagulant was replaced to fondaparinux, whose recommended dose in paediatrics is 0.1mg/kg/day.

**Aim and Objectives** To show the need to redose fondaparinux in paediatrics, as registered presentations don't allow fractionation: they are single-dose pre-filled syringes based on two concentrations: 5mg/ml and 12.5mg/ml.

To verify the stability of the preparation through the study of the pharmacotherapeutic effect, indirectly measured by plasma levels of anti-Xa factor (antiXa).

**Material and Methods** Subcutaneous fondaparinux was started at a dose of 0.3mg/day (0.06mL).To facilitate administration, the preparation was initially diluted 1mg/mL in normal saline under sterile conditions. The dose was packaged in 1ml dead space free syringe with a purged needle. According to the datasheet, the preparation is stable for 24h at room temperature.

AntiXa was monitored 3 hours after administrations. The dose was adjusted according to Table1 until the target level (0.5mg/l) was reached.

Subsequently, as the dose increase allowed, the undiluted dose (0.4mg/0.08ml) was fractionated from commercial presentation. Stability of 7 days in the refrigerator was defined according to the risk matrix (low risk) of the Good Pharmaceutical Practices for the preparation of sterile drugs.

**Results** The dose was adjusted according to antiXa (Table2). The monitoring of antiX, necessary for the clinical follow-up, allowed us to obtain indirect data on the stability of the fractionated drug, maintaining correct levels throughout treatment, as shown in graph.

After fondaparinux initiation, the platelet count increased to normal values. Anticoagulation therapy was discontinued after three months, upon confirmation of DVT resolution.

Abstract 5PSQ-079 Table 1

**TABLE I. Dose Adjustment of Fondaparinux**

| Level (mg/L) | Dose adjustment |
|---|---|
| < 0.3 | Increase dose by 0,03 mg/kg |
| 0.3 - 0.5 | Increase dose by 0,01 mg/kg |
| **0.5 - 1** | **No change** |
| 1 - 1.2 | Decrease dose by 0,01 mg/kg |
| > 1.2 | Decrease dose by 0,03 mg/kg |

**TABLE II. Dose Adjustment of Fondaparinux in our Patient**

| Day* | Dose (mg) | Fxa (U/mL)** | Dose adjustment |
|---|---|---|---|
| 1 - 2 | **0,3** | 0,38 | ↑ 0.01 mg/kg |
| 3 - 4 | 0,35 | 0,32 | ↑ 0.01 mg/kg |
| 5 - 8 | 0,38 | 0,44 | ↑ 0.01 mg/kg |
| 9 - 40 | **0,4** | **0,5** | **No change** |
| 41 | 0,4 | 0,4 | ↑ 0.01 mg/kg |
| 42 - 78 | **0,5** | **0,54** | **No change** |

*Day of treatment with Fondaparinux
**Plasmatic levels 3h post-administration of Fondaparinux

**Conclusion and Relevance** Individualised dosing of fondaparinux by dilution or fractionation has allowed DVT treatment, using a commercial presentation unsuitable for paediatric s.

We verify stability of the fractionated dose with the therapeutic effect.

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

## 5PSQ-083 FOUR YEARS OF A PHARMACEUTICAL CARE PROGRAMME IN PATIENTS UNDERGOING CARDIAC SURGERY

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**Background and Importance** The preoperative setting is an area with high risk for medication errors with potentially severe consequences. Pharmaceutical care programmes(PCP) can help to achieve an adequate preoperative pharmacological management, to ensure patients reach surgery in optimal pharmacological conditions. Adequate coordination with other specialists such as surgeons and anaesthetists is paramount to guarantee patient safety.

**Aim and Objectives** To evaluate the impact of a PCP in patients undergoing cardiac surgery in preventing medication errors after 4 years of implementation.

**Material and Methods** Retrospective, observational, descriptive study. Time of study: July 2018-July 2022. All patients scheduled for cardiac surgery were interviewed by a clinical pharmacist 24-72h before the surgery. Interviews were conducted by phone. During the interview, patients' complete medication list, including over the counter medicines and herbal products, was collected and instructions for adequate preoperative medication management according to current guidelines and anaesthetist instructions were reinforced.

Avoided medication errors were categorised according to Overhage-classification and their severity was analysed according to NCC-MERP.

Savings were calculated by multiplying the probability of adverse event occurrence with the error(NCC-MERP≥F:high risk of admission or prolonged hospital stay) by avoided cost (6.745€ according to Ministry of Health, Consumer and Social Welfare).

**Results** During the time of study, 1020 pharmacist preoperative interviews were performed. Mean age was 66.8(sd:12.6) years and 65.8% of the interviewed patients were males.

41.8% of patients were taking at least one drug that needed to be discontinued before surgery. The most frequent were angiotensin-converting enzyme inhibitors, angiotensin-II receptors blockers and diuretics(23.6%), anticoagulants and antiplatelet treatment(22.2%) and hypoglycaemic treatment (11.4%). 43.5% of patients needed heparin bridge therapy.

A total of 807 pharmacy interventions were conducted with 94.2% of acceptance rate: 533 requirements to discontinue drugs before surgery(70.1%), 81 dose error(10.7%), 49 drug omission(6.4%), 32 associated with duration, frequency or indication(4.2%).

673 serious errors were avoided, 236(31.1%) of these errors could have resulted in permanent harm(G/H), 277 (36.4%) in temporary harm(E/F) and 160(21.1%) monitoring patients to confirm no harm(D).

Potential medication errors avoided an estimated cost of 992.130€ .

**Conclusion and Relevance** A PCP in patients undergoing cardiac surgery was successfully implemented, ensuring a correct preoperative drug management, with 0.8 severe medication errors avoided per patient that was interviewed and potential savings of 992.130€ .

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

## 5PSQ-084 ASSESSING QUALITY OF LIFE OF PATIENTS WITH SEVERE ASTHMA MEASURED BY PATIENT REPORTED OUTCOMES

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**Background and Importance** Severe asthma, which affects approximately 5-10% of people with asthma, is a heterogenous, chronic and complex disease. It usually has a negative physical, mental, emotional and social impact.
**Aim and Objectives** To analyse quality of life of patients with severe asthma currently treated with biological drugs using Patient Reported Outcomes Measures (PROM).

To identify the domains and specific questions most frequently altered, by using mini-AQLQ.**Material and Methods**

A descriptive cross-sectional study between April-May 2022 in a tertiary hospital was carried out. Adult patients with severe asthma on active treatment with a biological drug for at least one year who provided informed consent were included.

Electronic medical records were reviewed to obtain:

- Age, sex
- Number of asthma-associated comorbidities
- FEV1 and FEV/FVC

A telephone interview was also conducted to record the PROMs:

- Mini-AQLQ (maximum score: 7)
- EQ5D-5L (maximum score:1) (with Visual analogue scale, score 0-100 (VAS))

**Results** Fifty-five patients who met the inclusion criteria were identified. 38 who agreed to participate were located. Median age was 65 years (56-71.5) and 60.5% (23) were female. Median number of asthma-related comorbidities was 2.5 (1-4). FEV1 and FEV/CVF were 76.3% (SD=3.2) and 69% (SD=1.3) respectively.

The mean score for the EQ5D-5L was 0.924 (0.818-1), while the median VAS was 70 (60-85).

The average score for the mini-AQLQ was 6.1. By domains, environmental had the worst mean (5 (4.3-6.3)), followed by limitation of activities (6.1 (5.5-6.7)), symptoms (6.2 (5.8-7)) and emotional (7 (5.3-7)).

Three (0.8%) patients did not have any disturbances in the responses, but a 81.6% (31) had altered limitation of activities,79.3% (29) environmental, 73.7% (28) symptoms and 55.3% (21) emotional.

Specifically, the question that most frequently receive a score below 7 was 'did you feel that tobacco smoke bothered you or did you have to avoid a place because of tobacco smoke?' in 76.3% (29) patients.
**Conclusion and Relevance** The quality of life of patients with severe asthma treated with biological drugs is good, according to specific asthma questionnaires used as PROM, although few patients do not have any altered sphere.

The most altered sphere was environmental. Tobacco is considered a major threat.

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

## 5PSQ-086 ANALYSIS OF POTENCIALLY INAPPROPRIATE PRESCRIPTION IN A NURSING HOME

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**Background and Importance** Potencially inappropriate medication prescription can increase the risk of adverse drug reactions (ADRs). Therefore, multiple tools have been developed to detect inappropriate prescriptions. STOPP (Screening Tool of Older Person's Prescriptions)/START (Screening Tool to Alert to Right Treatment) criteria is one of them.
**Aim and Objectives** To analyse inappropriate prescriptions (IP) or the need of potencial prescriptions in polymedicated institutionalised patients in order to improve patients safety.
**Material and Methods** A descriptive, transversal study was performed in September 2022. We included all polymedicated residents (>6 drugs) of a nursing home attached to a Pharmacy Department. Data collect were age, sex, number of medications/resident and drugs prescribed. STOPP/START criteria v.2. was applied to detect inappropriate prescriptions or the need of potencial treatment. Data were collected from electronic prescription programme ATHOS-Prisma and computerised medical record Diraya.
**Results** A total of 50 patients were included, 66% men. The median age was 73 years (range: 69-83). Average drugs prescribed by residents was 10 (6-21).

Seventy-two percent of the residents (36) presented at least one STOPP criteria. Total IPs were 142, with an average of 5 IPs per resident (0-7). Most prevalent were treatment duration longer than defined (72%), prolonged use (> 4 weeks) of benzodiazepines (72%), drugs that adversely affect fallers (most related to benzodiazepines) (72%) and prescription of two drugs within the same class (22%).

Regarding START criteria, 23 residents (42%) presented any prescription initiation criteria. The total potencial prescribing omission were 26, with an average of 1 per resident (0-2). The most common were: use of laxatives in patients with opioid treatments (47,8%) and vitamin D supplements in older patients (34,8%).
**Conclusion and Relevance** STOPP criteria was the most frequently found. The majority relationed with inappropriate duration or duplicity of benzodiazepin treatment.

For START criteria, the indication of laxatives for patients receiving opioids on a regular basis was the most frequent potencial prescribing omission.

The use of STOPP/START criteria could improve patients safety, which are able to detect the inappropriate prescription