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

of some drugs in addition to the omission of potencial indicated medication.

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

5PSQ-087 EVALUATION OF THE EFFECTIVENESS OF LAMIVUDINE IN THE PROPHYLAXIS OF HEPATITIS B VIRUS REACTIVATION IN PATIENTS WITH HAEMATOLOGICAL DISEASES

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Background and Importance The use of lamivudine as prophylactic treatment in patients with past hepatitis B virus (HBV) infection and on treatment with drugs considered at high risk of reactivation has been associated with a higher likelihood of reactivation compared to the use of other antivirals.
Aim and Objectives To evaluate the effectiveness of lamivudine in the prophylaxis of HBV reactivation in patients with haematological disease, undergoing immunosuppressive or chemotherapy treatment and presenting positive serology for HBV.
Material and Methods Observational and retrospective study including all haematological patients over 18 years of age who started HBV prophylaxis between January 2018 and December 2020 in a tertiary hospital. Follow-up was performed from the start of treatment until December 2021 to observe whether HBV reactivation occurred.

Electronic medical records were reviewed and the following variables were collected: demographic data (age and sex), haematological diagnosis, immunosuppressive or chemotherapy treatment received, analytical data (HBsAg, HBcAc, HBeAc, HBV DNA, transaminases) and HBV prophylactic treatment.
Results In the study period, 65 patients started HBV prophylaxis, of which 3 patients were excluded due to false positive. Sixty-two patients (33 women) were reviewed, with a median age (range) of 70 years (20-91). Diagnoses were lymphomas (26 patients), monoclonal gammopathies (13), chronic lymphoproliferative syndromes (7), autoimmune diseases (6), acute leukemias (5), chronic myeloproliferative syndromes (4) and bone marrow aplasia (1).

Out of the 62 patients, 60 patients were HBsAg negative and anti-HBc positive at the initial serological control. All of which received lamivudine prophylaxis. The other 2 patients had chronic HBV infection at the start of prophylaxis, with positive HBsAg, positive anti-HBe and undetectable HBV DNA. One of them started prophylaxis with tenofovir, and the other received lamivudine as prophylaxis.

Of the patients who started lamivudine prophylaxis, 60.7% were being treated with drugs considered at high risk of reactivation (rituximab, doxorubicin or idarubicin).

No patient had either clinical reactivation or detectable HBV viral load during the study period. Fourteen patients died during follow-up due to non-HBV causes.
Conclusion and Relevance In our patients, 60.7% of whom received high-risk drugs, no reactivation event occurred. Lamivudine has proven to be effective in the prophylaxis of HBV reactivation in our study population.

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

5PSQ-091 TRIFECTA™ BIOPROSTHESES : EVALUATION OF THE SAFETY BASED ON THE STUDY OF DEGENERATIONS ACCORDING TO THE VARC-3 CLASSIFICATION

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Background and Importance In 2021, cardiologists reported to the medical-devices-vigilance sector serious incidents in four patients with a first-generation Trifecta™ bioprosthesis that resulted in three aortic valve replacement (AVR) and one death. The question of degeneration of their bioprosthesis arose.
Aim and Objectives The aim was to evaluate the intrinsic imputability of Trifecta™ for dysfunction in patients implanted and to reassess their referencing in our centre.
Material and Methods A retrospective, single-centre and observational study of computerised patient records (CPR) was conducted between 02/04/2011, date of our centre's first implantation, and 12/31/2016 to have 5 years of follow-up per patient.

Trifecta™ valves and data related to the implantation were extracted from the traceability software. The collection of echographic and clinical follow-up data was based on the CPR with an extended follow-up period until 03/31/2022.

Dysfunctions were classified according to the VARC-3 classification criteria : structural valve deterioration (SVD), non-structural valve dysfonction (NSVD), thrombosis and endocarditis.

The study was approved by our local research department.
Results A total of 382 bioprostheses was implanted in 378 patients, mean age 73.0 years and 60.7% male. Data were missing for 253 bioprostheses and 15 patients died perioperatively. Among the 114 bioprostheses with conclusive data, 50 functionned properly (mean follow-up time of 6.6 years) and 64 presented dysfunctions : 34 SVD, 10 NSVD (8 paravalvular regurgitation, 2 prosthesis-patient mismatches) and 20 endocarditis. AVR occurred for 20 patients following SVD and for 11 patients following endocarditis (4 of whom had a second Trifecta™) within a mean time of 6.7 years and 3.4 years, respectively.
Conclusion and Relevance The classification of failures according to VARC-3 allowed us to confirm the intrinsic imputability of the Trifecta™ bioprostheses regarding to the number of SVD-type dysfunctions. Although this study has limitations, it shows the understatement of medical-devices-vigilance cases by the medical staff. The 64 files with dysfunstions will be transmitted to the natonal health autority. The patients will be reviewed to complete the data and perform an echographic follow-up. According to the manufacturer, degenerations could be related to the expansion system that was improved in the second-generation Trifecta™ marketed in 2016. Since this study, the Trifecta™ has been removed from the hospital formulary.

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