5PSQ-093 PHARMACEUTICAL INTERVENTION AFTER INAPPROPRIATE PRESCRIPTION OF ZOLPIDEM

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Background and Importance Zolpidem is a benzodiazepine-like hypnotic that acts on GABA-omega receptors in the central nervous system. It is indicated for the short-term treatment of insomnia in adults.

In 2014, an informative note was published by The Spanish Medicines and Medical Devices Agency (AEMPS) recommending a dose of 5mg/day in elderly patients (over 65 years old), instead of 10mg (usual dose), in order to reduce the number of cases of alterations in attention and concentration capacity, including parasomnias.

Aim and Objectives Evaluate the impact of hospital pharmaceutical intervention (PI) on the prescription of zolpidem after the publication of the AEMPS informative note.

Material and Methods Multicentre and prospective intervention study which includes all patients admitted to treatment with zolpidem. The study interval was from September 2021 to September 2022. The variables collected were the following: age, sex, dosage and prescription of zolpidem as home treatment. Clinical records (Diraya®) and the electronic prescription program (Prisma®) were reviewed. The IF consisted of sending an informative note to the doctor responsible for the patients who did not comply with the AEMPS recommendation.

Results A total of 62 patients were included (mean age: 72 ± 15 years; sex: 37 men). PI was performed in 59.7% (37/62) because the prescription was not adjusted to the AEMPS alert. Regarding the 37 patients with inappropriate prescription, the dose was reduced to 5mg/day in 37.8% (14/37) of the cases. The dose of the rest of patients, 62,2% (23/37), was not change, of which 87% (20/23) had the origin of the prescription at the primary care level.

Conclusion and Relevance The acceptance of the PI was performed in a low number of cases due to the fact that the origin of zolpidem prescriptions is primary care. This creates the need to establish channels of communication between the primary care physician and the hospital pharmacist to report possible errors detected in their prescriptions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-094 TOXICITY IN PATIENTS TREATED WITH VENETOCLAX. A SAFETY STUDY IN REAL-WORLD PRACTICE

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Background and Importance Venetoclax acts as an inhibitor of the anti-apoptotic protein Bcl-2, which is increased in Chronic Lymphocytic Leukemia (CLL) and Acute Myeloid Leukemia (AML). It is described on its label the frequent occurrence of haematological toxicity, among other adverse events (AE).

Aim and Objectives 1) To evaluate the haematological toxicity of venetoclax during dose escalation and; 2) To describe AE associated with venetoclax during treatment.

Material and Methods Multicentre, observational, retrospective study in patients who initiated venetoclax until 01/06/2022 with a treatment period ≥ 3 months. Variables collected: sex, age, diagnosis, treatment schedule, hemoglobin, neutrophil and platelet levels at baseline and after dose escalation and; AE developed during treatment appearance as well as its gravity according to Common Terminology Criteria for Adverse Events (CTCAE) version 5.0.

Hematologic toxicity during escalation was analysed using Student's t-test (SPSS Statistics 25.0).

Results 41 patients initiated venetoclax, of whom 33 maintained treatment ≥ 3 months (63.6% male, mean 68.7 ± 9.7 years). Diagnosis (CLL: 20, AML: 10, myelodysplastic syndrome: 3), treatment schedule [monotherapy: 2; bitherapy (rituximab: 16, azacitidine: 13, decitabine: 1, obinutuzumab: 1)]. 5 patients required dose adjustment due to concomitant use of azoles (posaconazole: 2, voriconazole: 2, fluconazole: 1).

Mean hemoglobin at baseline and after dose escalation (10.6 ± 1.9 vs 10.8 ± 2.1g/dL; p=0.282), mean neutrophils at baseline and after dose escalation (1,667.6 ± 1,064.9 vs 1,237.3 ± 1,011.5/µL; p=0.001), mean platelets at baseline and after dose escalation (120,060.0 ± 77,662.3 vs 116,121 ± 77,012.0/mm3; p=0.697). AE developed during treatment: anaemia (G2:3, G3:4), neutropenia (G1:1, G2:6; G3:6, G4:4), thrombocytopenia (G2:1, G3:4), asthenia (G1:2, G3:1), bradycardia (G2:1), diarrhoea (G1:1), fever (G1:1), hypertransaminemia (G2:1), mucositis (G1:1), pneumonia (G2:2, G3:3), tumour lysis syndrome (G3:2). During treatment, 15 patients required discontinuation of treatment (restarts: 7) and 5 required dose reduction.

Conclusion and Relevance During dose escalation, the main haematological toxicity of venetoclax was neutropenia. This adverse effect also occurred more frequently during maintenance treatment. We consider it relevant to carry out serial haematological controls in patients treated with venetoclax.

Limitations of the study: retrospective study with a small sample size; therefore, it is considered necessary to perform more studies to confirm the results presented.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. 27 November 2017.

Conflict of Interest No conflict of interest

5PSQ-095 CARDIAC CONDUCTION DISORDERS ASSOCIATED WITH THE USE OF TRICYCLIC ANTIDEPRESSANTS IN THE ELDERLY

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Background and Importance Tricyclic antidepressants (TCAs) block sodium channels in the heart, which can prolong the QT interval and cause arrhythmias. Patients over 64 years of age are at increased risk of these side effects.