Aim and Objectives To conduct a systematic review of the cardiac effects of TCAs in patients older than 64 years. As a secondary objective, the frequency of TCAs prescriptions in patients older than 64 years with cardiac conduction disorders (CCD) was analysed, reviewing concomitant treatments.
Material and Methods A systematic review of the published scientific literature was conducted following PRISMA Declaration. In addition, a descriptive cross-sectional study was carried out, including all patients over 64 years of age receiving TCAs treatment. An anonymised database containing the variables age, sex, and prescribed medications was used.
Results After the search, 5 articles were included in the qualitative synthesis. A study concludes that TCAs cause CCD, but without clinical compromise. The second shows an association between the use of TCAs and sudden death in patients with previous heart disease (HD). Another study concludes that normal doses of TCAs in patients with severe HD are equivalent to toxic doses in patients without HD. The fourth shows no correlation between serum sodium levels, electrocardiogram changes, and severity of TCAs toxicity. The latest study shows that prolonged exposure to TCAs is also related to the occurrence of coronary disease events in patients without known HD. The prescriptions of 63 patients receiving TCAs with a median age of 70 (65-88) years were reviewed. No patient had prescribed treatments for CCD, however, 49,2% of patients had prescribed 31 drug that prolongs the QT interval.
Conclusion and Relevance The literature reviewed reveals CCD caused by TCAs. In the data sheet of TCAs, their use is contraindicated in patients with previous HD. In our sample, the prescription of TCAs is appropriate; however, we recommend that in patients over 64 years of age without CCD, electrocardiograms be performed before starting treatment with TCAs and periodically. In addition, after verifying the high frequency of prescription of drugs that prolong the QT interval, we believe that it is essential to review the concomitant medication, looking for therapeutic alternatives for these drugs.

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

5PSQ-096 A PROSPECTIVE OBSERVATIONAL STUDY OF MEDICATION PRESCRIBING ERRORSIN AN EMERGENCY DEPARTMENT

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Background and Importance Prescribing errors (PE) are an important cause of medication-related adverse events in the Emergency Departments (ED) but limited data are available in ED with *electronic* prescribing and *administration (ePA) systems*. Knowing the frequency and types of PE can help healthcare professionals to prevent and reduce the risk of them occurring.
Aim and Objectives To determine the rate of PE in the ED, to classify incident types and to identify critical points where measures should be implemented to improve patient safety.
Material and Methods Prospective, observational and cross-sectional study in an ED with ePA system during 6 working days (May-June 2021). The inclusion criteria were patients stayed more than 8 hours in the ED and all patients awaiting hospitalisation. Prescriptions were analysed by a multidisciplinary team made up of two pharmacists, an emergency physician and the person in charge of the hospital's medication errors committee. PE were reported to the hospital's patient safety-related incident notification system.
Results Of the 65 prescriptions revised during the study period, PE were reported in 84 cases and 15 situations with the capacity to cause errors were detected. The average age of patients was 67 ± (SD=17,9) years and each prescription had an average of 8.4 medications. The rate of PE was 1.52 errors per patient, being higher in less severe patients than monitored patients (1.09 vs 2.0 PE per patient, respectively). The most common types of EP were omission of the usual medication (60.7%), wrong dose (15.5%), wrong frequency (7.1%) and drug is not indicated (7.1%). No adverse reactions related to EP were detected. According to the Spanish consensus about *Medication Reconciliation in Emergency Units*, 47.1% of omissions of usual medication were drugs that should be reconciled during the first 4 hours in the ED. The results of the study and the importance of medication reconciliation are highlighted in a session in the ED.
Conclusion and Relevance The PE rate in the ED was 1.52 per patient and the main type was omission of the usual medication. A cross sectional study will be made in the future and compared to the current one to establish the impact of the implemented measures on the PE rate.

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5PSQ-097 HEALTH ALERT OF TOFACITINIB AND PHARMACEUTICAL INTERVENTION

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Background and Importance Tofacitinib is a selective inhibitor of the janus kinase family indicated for the treatment of various rheumatological pathologies such as rheumatoid arthritis (RA) and psoriatic arthritis (PsA) and used, off label, in pathologies such as alopecia areata (AA).

The Spanish Medicines and Medical Devices Agency (AEMPS) released in July 2021 a safety alert stating that patients over 65 years of age, smokers or ex-smokers and with cardiovascular risk factors or with a predisposition to the development of neoplasms, should not receive treatment with tofacitinib unless no other available therapeutic alternative can be used, based in the results from the ORAL Surveillance clinical trial. Health policy in Andalucía establishes the need to follow-up on the application of the safety notes issued by the AEMPS regarding prescriptions of drugs.
Aim and Objectives Evaluate the pharmaceutical intervention on the review of tofacitinib prescriptions to ensure their adaptation to the criteria established by the AEMPS, according to the Andalusian regional regulations.
Material and Methods Retrospective review of tofacitinib prescription in a tertiary hospital. All patients on treatment with