Section 6: Education and research

6ER-001 THE USE OF GAMIFICATION TO EVALUATE PUBLIC UNDERSTANDING OF ADVERSE DRUG REACTIONS

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Background and Importance The public was far less aware of adverse drug reactions than the efficacy of drugs. Everyone needed to take care of their own medication safety.
Aim and Objectives To develop an interactive game to evaluate public understanding of adverse drug reactions.
Material and Methods We designed an interactive game through the use of 'Wordwall' online template: 'Quiz' for 'Adverse drug reactions'. The correct answer of each question could be shown automatically at the end of the game. The outcomes were collected during July 2022 and evaluated with t-test by SPSS (Statistical Product and Service Solutions) 23.0.
Results 46 people were included in the game and the total correct rate was 81.74 ± 18.29%. The lack of knowledge about adverse drug reactions was found, for example, 26.08% people thought that adverse drug reactions must occur when taking medicine. Besides, 41.30% people thought that the medication must be discontinued if any adverse drug reaction occur. 17.39% people agreed that adding on other drugs may increase the incidence of adverse drug reactions. Finally, 6.52% people did not know they could feed back to prescribing physicians and pharmacists to mark the adverse drug reaction in medical records.
Conclusion and Relevance 'Wordwall' was an easy-to-play and user-friendly game. Our results indicated that gamification was well accepted among people and helped pharmacists understand what people really think about adverse drug reactions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

6ER-004 EFFECTIVENESS AND SAFETY OF COVID-19 VACCINATION IN PATIENTS WITH IMMUNE-MEDIATED DISEASES ON BIOLOGICAL THERAPY

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Background and Importance The effectiveness and safety of COVID-19 vaccines has been demonstrated in the pivotal trials that have led to their approval. However, there is no specific information available regarding COVID-19 vaccination in patients with immune-mediated diseases (IMD).
Aim and Objectives Evaluate the effectiveness and safety of COVID-19 vaccines in patients with IMD who are being treated with biological drugs (BD).
Material and Methods Prospective descriptive observational study of patients with IMD treated with BD who have received at list one dose of any of the COVID-19 vaccines commercialised.

Variables collected: age, sex, IMD, BD, post-vaccination COVID-19 infection, adverse reactions observed after vaccination.

Demographic and clinical data were obtained from the medical records.

To assess effectiveness, we checked the number of patients who became infected with SARS-CoV-2 after vaccination and whether the infection was asymptomatic, with mild symptoms or required hospital admission.

To assess safety, a standardised interview of adverse reactions observed in the first seven days after COVID-19 vaccination was conducted during routine pharmacy practice.

This study was approved by the Ethics Committee of Research with Medicines under code: 2021/435.
Results 106 patients (52.8% female) were included, with a median age of 53 years (21-76). The most frequent IMD were: rheumatoid arthritis (33%), psoriatic arthritis (15%), psoriasis (15%) and Crohn's disease (11.3%). The most commonly used BDs were: adalimumab (33.9%), etanercept (25.5%), abatacept (7.5%), ixekizumab (6.6%), secukinumab (6.6%), golimumab (5.7%) and ustekinumab (4.7%).

Twenty-two patients (20.75%) were infected after receiving doses of COVID-19 vaccines: 2 after the first dose, 6 after the second dose and 14 after the third dose. Infected patients had mild symptoms (77.3%) or were asymptomatic (22.7%). No patient required hospital admission.

The most common adverse reactions were: pain at the injection site (79.2%), fatigue (48%), malaise (42.4%), myalgia (35.8%), headache (33%), arthralgia (25.5%), fever (21.7%), pruritus (11.3%), nausea or vomiting (9.4%), and lymphadenopathy (9.4%).
Conclusion and Relevance 79.25% of the patients studied were not infected with SARS-CoV-2 after vaccination. Most of the infected patients had mild symptoms and none of them required hospital admission.

Adverse reactions were similar to those described in the general population, the most frequent being pain at the injection site, fatigue and malaise.

COVID-19 vaccines were effective and safe in patients with IMD treated with BD included in the study.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

6ER-005 EFFECTS OF ADHERENCE TO THE MEDITERRANEAN DIET IN PATIENTS WITH AUTOIMMUNE DISEASES

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Background and Importance Adherence to a healthy dietary pattern has been shown to be inversely associated with metabolic syndrome. Low adherence to the Mediterranean diet is directly associated with a worse profile of plasmatic inflammation markers. Some studies have shown that this diet may reduce the risk of autoimmune diseases.
Aim and Objectives To evaluate adherence to the Mediterranean diet in patients with autoimmune diseases as well as their quality of life.
Material and Methods Retrospective, descriptive study of the adherence to the Mediterranean diet in patients with autoimmune diseases during January to March 2021. Variables collected: demographic (sex, age), diagnosis, body mass index (BMI), biological therapy, lifestyle, cholesterol, triglycerides, glucose, ferritin, calprotectin and C-reactive protein levels.

Adherence was measured by the PREDIMED questionnaire. Quality of life was determined by: Visual Analog Scale for Pain (VAS), Checklist Individual Strength (CIS) and The Functional Assessment of Chronic Illness Therapy–Fatigue (FACIT-F). Information sources: electronic prescription and computerised medical record. Statistical analysis with R® software.

Results 66 patients were included (50% women), median age 48 (IQR 38-56). Median BMI 26.3 (IQR 26-39.1). Most frequent diseases: rheumatoid arthritis (18), Crohn's disease (10), ankylosing spondylitis (8) and multiple sclerosis (7). 42% of patients had no previous comorbidity, 28% had arterial hypertension, 13.6% hypercholesterolemia and 6% depression. The median diagnosis year of the disease was 2012 (IQR 2002-2016). 37.8% of patients have had two lines of treatment, 24.2% three lines, 4.5% four lines. The most frequent drugs were anti-TNF therapy (19 adalimumab, 4 certolizumab, 4 etanercept), tocilizumab (5) secukinumab (4) and tofacitinib (4). Median scale VAS was 4 (IQR 1-6), CIS 83 (IQR 76-91) and FACIT-F 16 (11-24). Median of the PREDIMED questionnaire was 7 (low dietary adherence). No statistically significant differences were found between adherence to the Mediterranean diet and scores on quality of life questionnaires. Statistically significant differences were found with calprotectin levels and glomerular sedimentation volume. 78.7% of patients are not aware of foods with potential anti-inflammatory properties and 87.8% would like to receive dietary recommendations from healthcare professionals.

Conclusion and Relevance Although more studies are needed to link diet to autoimmune diseases, it is true that an appropriate diet reduces the risk of multiple pathologies. Patients demand information and as health professionals we must give it to them and reinforce adherence to good dietary patterns such as the Mediterranean diet.

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Conflict of Interest No conflict of interest.

6ER-008 CORRELATES OF ONE-YEAR MORTALITY AMONG PATIENTS LIVING WITH HIV ACCORDING TO THE STRATIFICATION LEVEL OF THE PHARMACEUTICAL CARE MODEL

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Background and Importance The success of highly active antiretroviral (ARV) therapy has allowed people living with HIV (PLWH) to have a near-normal life expectancy. However, the increase in life expectancy has generated a new set of challenges in these patients, who often experience age-related comorbidities and, with it, polypharmacy with the negative consequences that this entails.

Aim and Objectives To analyse the effect that the level of stratification has on mortality results at one year and develop a predictive model in PLWH on active ARV

Material and Methods A single-centre, cross-sectional study that included PLWH on active ARV who attended Pharmaceutical Care outpatient between 1 January and 15 March 2021 and were followed up for a period of 1 year. Demographic, clinical, pharmacotherapeutic variables were collected and pharmaceutical care, level of stratification (according to HIV patient model published by SEFH). A survival analysis was performed to assess how the level of stratification predicted mortality at one year. The survival rate was estimated using Kaplan-Meier and differences between levels were evaluated using a log-rank test. After verifying the proportional hazard assumption, a Cox regression was run to estimate hazard ratios (HR). To evaluate the discriminatory power of the model, the calculation of the area under the ROC curve (AUC-ROC) was carried out. The analysis was carried out using the SPSS v.28.0 software.

Results A total of 428 PLWH were included. More than 90% of the patients had adequate immunovirological control. The distribution of patients according stratification model was: level 3 (83%), followed by 12% and 5% for level 2 and 1, respectively. At the end of follow-up, 5 patients died. The results of log-rank analysis showed significant differences regarding level of stratification for mortality at one year ($p=0.02$). Cox regression identified level of stratification as a risk factor for mortality, where patients stratified as level 1 had a 99.7% higher risk (HR: 0.003; 95% CI: 0.001-0.027). The AUC-ROC was 0.98 (95% CI: 0.96-1.00).

Conclusion and Relevance Patients classified as level 1 in pharmaceutical care stratification model have a higher risk of mortality at one year. The predictive model developed highlights the importance of this concept and the need for both individualised pharmaceutical care and comprehensive monitoring.

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6ER-009 COMPARATIVE EFFICACY OF ABEMACICLIB AND PALBOCICLIB AS ADJUVANT TREATMENT IN PATIENTS WITH EARLY BREAST CANCER

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Background and Importance Abemaciclib in combination with endocrine therapy (ET) has recently been authorised for adjuvant treatment of patients with human epidermal growth factor receptor 2 (HER2) negative and luminal early breast cancer (EBC) at high risk of recurrence.

Aim and Objectives To assess the comparative efficacy between abemaciclib and palbociclib in HER2-negative, high risk of recurrence and luminal EBC patients and to establish whether these drugs can be considered equivalent therapeutic alternatives (ETA), through an adjusted indirect treatment comparison (ITC).

Material and Methods A bibliographic search was conducted to identify phase III clinical trials with abemaciclib or palbociclib as adjuvant treatment in a similar EBC population (luminal type, HER2-negative and high risk of recurrence), duration and endpoints. The primary endpoint was invasive disease-free survival (IDFS) and ET was used as a common comparator. Similar clinical trials, consistent results and efficacy demonstration against the common comparator (ET) were required for the adjusted ITC.

Results Two trials were included, one of each drug. Both of them were phase III trials, randomised, in patients with HER2-negative, high risk and luminal EBC. Differences were found in the trial design (abemaciclib open-label vs palbociblib