

and the importance of having clear expectations for students and providers.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

### 6ER-020 PRESCRIPTION AND USE OF LIPOSOMAL AMPHOTERICIN B DURING THE COVID-19 PANDEMIC

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**Background and Importance** The impact of COVID-19 and its influence in the management of hospitalised patients has been indisputable. Many publications present combinations of different antimicrobials to treat the patients infections, and the liposomal amphotericin b (AmB-L) is an example of one of the most prescribed.

**Aim and Objectives** To compare the prescription and indication of AmB-L in a tertiary hospital before and during the COVID-19 pandemic.

**Material and Methods** Observational, retrospective, descriptive study of patients prescribed AmB-L from March-2020 to March-2021, and the comparison to the year before the pandemic.

**Results** 58 patients analysed: 40 (69%) men, median age 71 years (IQR 54.5-75.2), and 18 (31%) women, median age 63.5 years (IQR 49.5-71.25). The months in which more patients received AmB-L were: July 2020 (6/56), December 2020 (7/56) and February 2021(12/56).

-39 (69.6%) CRITICAL patients. Out of these: 22 with a covid diagnosis, 14 non-covid and 3 onco-haematological. 26/39 patients received AmB-L as a targeted treatment for *Candida Glabrata* and *Albicans*(16/26), *Aspergillus Fumigatus* (6/26) and *Mucor* (4/26). As a concomitant therapy, anidulafungin and isavuconazole were the preferent ones. The most prescribed dose of AmB-L was 400 mg (5 mg/kg) with a median of 7 days of treatment (IQR 4-17.5). 86.4% out of the total experienced death.

-17 (30.4%) NON-CRITICAL patients: 0 covid patients, 6 (35.3%) non-covid and 11 (64.7%) onco-haematological patients. 10 (58.8%) patients received AmB-L as empirical treatment for febrile neutropenia, with posaconazole and itraconazole as the most commonly used antifungals. The most prescribed dose was 200 mg (3.3 mg/kg) for a median of 9 days (IQR 6-16).

In the previous year (March 2019 to February 2020) we observed: 17 patients received treatment with AmB-L, 53% (9/17) onco-haematological, 12 men with a median of 53 years (IQR: 38.2-59.1). Most prescribed dose: 180 mg (3mg/kg).

**Conclusion and Relevance** The data observed in this period reflects how the prescription of AmB-L tripled compared to the previous year. It targets a completely different profile: unstable patients, with invasive lung disease, risk factors in critical care units, treated with high doses of AmB-L. The fact of being an antifungal with a high cost/day per patient, the way of monitoring the situation of this type of patient is a crucial strategy to guarantee efficiency and optimise pharmaceutical spending.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

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### 6ER-021 RETROSPECTIVE OF DRUG INNOVATION DURING THE SARS-COV2 PANDEMIC: DEVELOPMENT OF A GAME-BASED TRAINING

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**Background and Importance** Hospital pharmacies have contributed to the research and development of remedies against coronavirus disease 2019 (COVID-19), by managing many drugs, off-label, in clinical trial, or in early access program. Within the framework of continuing education of pharmacy technicians, a retrospective of this drug innovation process, with a short and playful format, was proposed.

**Aim and Objectives** To develop and evaluate a game-based training, for the pharmacy technicians, in order to understand the drug innovation process, during the SARS-Cov2 pandemic.

**Material and Methods** Regardless of their status, 32 medications, used against COVID-19, in our hospital, from March 2020 to May 2022, were identified. For each medicine, a playing card was created with on the front: International Non-Proprietary Name (INN) and princeps, and on the back: INN, princeps, drug status, pharmacological class and family, date of first dispensing. 2 teams of 3 players competed to align the playing cards in chronological order, then the trainer debriefed the game. A presentation support of the training was done, detailing the pedagogical objectives, the rules of the game and the theoretical knowledge. A self-assessment and a feedback form were created.

**Results** 2 one-hour (30 minutes of play, 30 minutes of debriefing) sessions were conducted. 34 health care professionals, from 14 hospitals, participated in training. 94% of participants completed questionnaires. At the end of the session, 100% improved their knowledge, 84% could chronologically locate the drugs used against COVID-19 (against 16% at the beginning of the session) and 97% could explain the stages of drug innovation during the pandemic (against 3% at the beginning of the session). Regarding the feedback form, 100% appreciated the content and 97% the rhythm of the game. The overall satisfaction rate was 97% (good or very good).

**Conclusion and Relevance** This gamification of training was very much appreciated. The format combines conviviality and cooperation, while providing serious content. The experience could be replicated, during continuing education, with other themes.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

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### 6ER-022 CLINICAL IMPACT OF THE USE OF GLUCOCORTICOIDS FOR THE TREATMENT OF COVID-19 IN INTERMEDIATE RESPIRATORY CARE UNITS

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**Background and Importance** During the pandemic, patients admitted to intermediate respiratory care units (IRCU) received non-invasive respiratory support and pharmacological treatment, mainly glucocorticoids (GC). Dexamethasone is the only one that has shown reducing mortality; however, there are no comparative efficacy studies between the different GC.