

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.

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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.

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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.