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 comparision 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
Conflict of Interest No conflict of interest.

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.

Aim and Objectives To determine the possible influence of the type and dose of GC on the patients' evolution with SARS-CoV-2 pneumonia admitted to the IRCU during the first and second wave of the pandemic.
Material and Methods Descriptive, observational and retrospective study of patients with SARS-CoV-2 infection admitted to the IRCU in a tertiary care hospital since March until December 2020. Demographic variables, comorbidities, GC therapy received and final resolution (improvement, transfer to ICU, or death) were analysed. The data were obtained from the clinical history and the electronic prescription.
Results 135 patients (62.5% men) were included with a mean age of 67.00 (SD:13.16) years. 69.31% of them had overweight and 29.41% respiratory pathologies.

89.63% of the patients admitted to the IRCU received treatment with GC, within them, 89 received treatment with a single GC, 27 received the combination of two and only 3 patients received three GC. 64 GC-treated patients improved, receiving a mean prednisone equivalent dose of 65.43 (SD:88.77) mg daily for a mean of 13.40 (SD:7.02) days.

The 19 patients transferred to the ICU received a mean dose of 89.18 (SD:71.81) mg daily for 6,00 (SD: 5.19) days. The 38 patients who died in IRCU treated with GC received a mean dose of 114.18 (SD: 90.39) mg daily for a mean of 8.92 (SD: 6.17) days.

The most used GC or combinations were: dexamethasone (76 patients), dexamethasone and prednisone (13 patients), methylprednisolone (11 patients), dexamethasone and methylprednisolone (8 patients), and methylprednisolone and prednisone (5 patients). 100% of patients treated with dexamethasone and prednisone improved, followed by dexamethasone and methylprednisolone (62.5%) and methylprednisolone and prednisone (60%). 27.27% of the patients treated with methylprednisolone alone improved, with 63.64% dying.
Conclusion and Relevance Most of the patients admitted to the IRCU with coronavirus received GC and the results suggest some improvement in those who received lower doses of GC for longer periods.

The GC combination was associated with a higher rate of improvement, especially with dexamethasone and prednisone. Treatment with methylprednisolone alone had the highest death rate.

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

6ER-024 COMPARISON OF REDUCTIONS IN MONTHLY MIGRAINE DAYS BETWEEN NEW SMALL MOLECULE CGRP RECEPTOR ANTAGONISTS (GEPANTS) AND MONOCLONAL ANTIBODIES TARGETING CGRP/CGRP RECEPTOR

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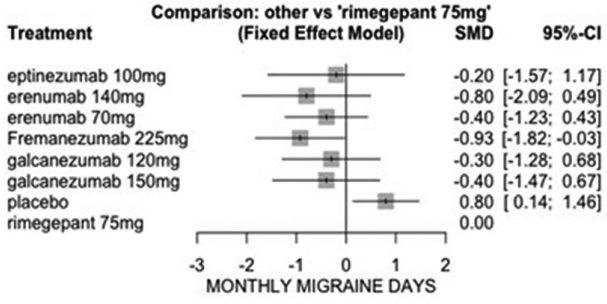
Background and Importance Migraine is characterised by repeated headache attacks lasting hours or days and usually accompanied by other associated symptoms. According to the International Headache Society, it can be classified into migraine with aura, without aura and chronic migraine. A target pathway to treat or prevent migraine is the calcitonin gene-related peptide. Available treatments in our country that act interfering that pathway are erenumab, fremanezumab, galcanezumab, iptenezumab and rimegepant.
Aim and Objectives To analyse whether the different therapeutic options are equivalent alternatives through an adjusted indirect comparison.
Material and Methods The therapies included were found after a systematic search performed in PubMed. The analysis included randomised, double-blind, phase 2 and 3, controlled trials, prophylaxis therapies and number of migraine days reduced measurement after 12 weeks of treatment. The analysis was performed using the R® software to estimate Bayesian statistics, with rimegepant taken as a reference for the comparison. A delta value of 1 day, as provided by the regulatory agencies FDA and EMA, was used to determine the margin (maximum acceptable difference as a non-inferiority criteria) and the average number of migraine days reduced. To establish the therapeutic positioning, the National Equivalent Therapeutic Alternatives Positioning Guide criteria were applied.
Results As shown in Figure 1, the difference in the mean number of migraine days reduced per month versus placebo was favourable in all cases. Each treatment reduced migraine by between one to two days per month, showing statistically significant differences. The most outstanding being fremanezumab (-1,73 [-2.33;-1.12]). Based on the results obtained, a subsequent analysis was carried out comparing fremanezumab with the other alternatives. In this case, erenumab 140 mg showed the most similar efficacy result (0.13 [-1.14; 1.39]). Nevertheless, it did not show a statistically significant difference against any treatment, exclusively against placebo. No differences were found in terms of safety.



Abstract 6ER-024 Figure 1 Forest-plot of the decrease in average number of migraine days per month. Comparator: rimegepant 75mg/48h. SMD: standard mean difference. 95% CI: 95% confidence interval

Conclusion and Relevance No statistically significant differences were found between rimegepant and monoclonal antibodies against the CGRP/CGRP receptor except for fremanezumab. Fremanezumab presented a statistically significant more pronounced response in the decrease of migraine days per month at 12 weeks of treatment.

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