

6ER-025 EFFECTIVENESS AND SAFETY OF 20% AUTOLOGOUS SERUM EYE DROPS IN PATIENTS WITH CORNEAL SURFACE PATHOLOGIES

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Background and Importance Autologous serum eye drops (SAED), a pharmaceutical formulation prepared from patient's blood, are used in corneal surface pathologies. Since alternative therapies are limited, its prescription has increased in recent years.

Aim and Objectives Analyse effectiveness and safety of SAED in patients diagnosed with corneal surface pathologies.

Material and Methods Observational, retrospective study in a secondary hospital between January 2019 and March 2022 including patients treated with 20% SAED.

Variables: demographic data, diagnose, concomitant diseases, duration of treatment, ocular affection (left eye (LE), right eye (RE), both eyes (BE)), subjective clinical improvement (SCI), adverse effects (AE), concomitant treatments, visual acuity (VA) at months 0, 3 and 6 of treatment.

Effectiveness was evaluated by SCI and VA, measured on a decimal scale, at three and six months of treatment. Safety was evaluated by AE documented in medical records.

Results Thirty-five patients (77% women) were included with mean age 61 years (20-96). Principals diagnoses were: dry eye syndrome (n=15), superficial punctate keratitis (n=10) and Sjögren's syndrome (n=9). Forty-eight percent of patients presented concomitant diseases, highlighting fibromyalgia in six of them.

Mean treatment length was 500 ± 348 days. Ten patients (28%) discontinued treatment during the study. The reasons were: reaction to 20% SAED (n=4), remission (n=4), death not associated with the treatment (n=1) and change of hospital (n=1).

Twenty-nine patients (82%) had affection in BE. SCI was observed in 82% of patients at months three and six. Principals AE were: conjunctival hyperaemia (n=4), blepharitis (n=2), stinging (n=1) and tears with excess mucus (n=1). Artificial tears (51%) and corticosteroids eye drops (11%) were the main concomitant treatments.

VA data was available in 14 patients (40%). Mean VA in RE was 0.80 ± 0.29 , 0.80 ± 0.31 and 0.82 ± 0.25 at months 0,3 and 6 respectively. Mean VA in LE was 0.85 ± 0.25 , 0.83 ± 0.23 and 0.87 ± 0.15 respectively.

Conclusion and Relevance According to SCI and VA's progressive improvement over the months and a low incidence of AE, 20% SAED are an effective and safe treatment for corneal surface pathologies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

6ER-026 SPECTRUM OF HEART FAILURE IN 16 SUB-SAHARAN AFRICAN COUNTRIES: TREATMENTS AND IN-HOSPITAL OUTCOME

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Background and Importance Heart failure (HF) is the most common primary diagnosis for patients admitted to hospital with heart disease in sub-Saharan Africa (SSA). However, little is known about the management of HF in hospitalisation in SSA.

Aim and Objectives To describe in hospital drugs strategies to manage HF in 36 cardiovascular (CV) departments.

Material and Methods We conducted a transversal and longitudinal study in CV departments of 36 hospital (public and private) in 16 SSA countries. The February study is an ongoing observatory included all inpatients in February from each year since 2016. Data including socio-demographic and clinical characteristics, CV risk factors, causes of admission, medication and length of stay were collected during hospitalisation by physicians. Patient wealth index was assessed by physicians as low, middle and high according to patient capacity to afford hospitalisation. All analyses were performed with random effect on countries and through scripts developed in the R software 4.0.3.

Results Overall, 2084 patients were admitted for HF in the February study. HF representing 47.9% of all patients included. The mean age was 57 ± 17.4 years and 53.8% were men. Proportions of patients admitted for HF varied across countries from 21.4% in Burundi to 66% in Congo ($p < 0.01$). Average length of stay in hospitals was 11 days and mortality rate was 13%. Among HF patients, 74% of patients had CV risk factors and hypertension was reported in 55.8% of patients. During hospitalisation, 88.8% of patients were treated with diuretics followed by angiotensin-converting enzyme inhibitors (ACEI) (61.8%), anticoagulant (47.8%) and beta blockers (BB) (34.6%) (figure). Monotherapy were used in 14%, combination of two drugs, three drugs and four drugs strategies were used in 35%, 33% 12% respectively. Diuretics were mostly prescribed in patient with low wealth index whereas ACEI, BB and anticoagulant in high wealth index ($p < 0.05$).