

Material and Methods A descriptive prospective study of the pharmaceutical interventions (PI) performed in hospitalised neonates between 1 July and 15 September 2022 was conducted. The following variables were collected from the electronic medical record and prescription program: total number of admitted neonates, number of patients for whom a PI was issued, main pathologies associated with PI, number and type of PI carried out, and degree of acceptance of the recommendations.

Results 166 patients were admitted to the Neonatology Unit. Of the total number of patients, 45 PI were performed on 35 of them (21.1%).

The main pathologies related to PI were: respiratory (51.1%), infectious (26.7%), endocrine (17,8%) and cardiovascular (4.4%).

Of all the interventions carried out (n=45), the pharmacist recommended: dose adjustments (42.9%, n=15), changing the route or rate of administration (24.4%, n=11), pharmacokinetic drug monitoring (vancomycin) (13.3%, n=6), adapting the dose to the pharmaceutical presentation (11%, n=5), adding another medication to the prescription (6.6% n=3) or suspending a medication (6.6%, n=3), exchanging of a drug for a therapeutic equivalent (2.2%, n=1), and changing a medication to a more effective one (2.2%, n=1).

The degree of acceptance of the interventions by neonatologists was 86.6%.

Conclusion and Relevance Most of the PI were related to dose modifications, changes in the route or rate of administration, as well as the optimisation of antibiotic treatment through pharmacokinetic monitoring. The degree of acceptance of the interventions was very high, which reinforces the integration of the hospital pharmacist in a multidisciplinary team.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-086 COMPARISON OF A TRADITIONAL ELISA TECHNIQUE VERSUS A POINT-OF-CARE TECHNIQUE IN THE DETERMINATION OF ADALIMUMAB LEVELS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Background and Importance ELISA is the most commonly used technique to determine adalimumab (ADL) levels in patients with inflammatory bowel disease (IBD), as it is simple and inexpensive. Its disadvantage is that it requires a specialised laboratory and several tens of samples have to be accumulated to make the cost of each determination more efficient, with the consequent delay in obtaining the results. Rapid tests make it possible to obtain levels in a very short time (15 minutes) and to act immediately to optimise biological therapy.

Aim and Objectives The aim of this study is to compare the reference technique for quantifying ADL levels using ELISA with quantification using a rapid test, the point of care (POC) test.

Material and Methods ADL levels of 56 IBD patients were tested by both methods. Samples were obtained prior to ADL infusion. Promonitor®ADLv2 kits from Progenika Biopharma were used for the enzyme-linked immunoassay (ELISA). For the rapid assay (POC), the Quantum Blue® Adalimumab Lateral Flow Immunochromatography technique (BÜHLMANN Laboratories) was used.

Quantitative comparison of both techniques was assessed with Bland-Altman plots, Student's t-test and regression line to test for agreement between the two techniques. A p-value of <0.05 was considered statistically significant. The 95% limits of agreement were calculated using the mean ± 1.96*SD. Correlation was assessed using Pearson's correlation coefficient (r). Statistical analyses were performed with the R®v4.1.2 package.

Results The median ADL concentration was 12.4 µg/mL (range 0.3–24.4 µg/mL) using the ELISA test and 13.8 µg/mL (range 1–35 µg/mL) using the POC test (Quantum Blue®). The Pearson correlation for both was high (r=0.87, p<0.001) and the regression line y=1.06x+1.90, whose slope of 1.06 indicates good agreement between the two techniques. The mean difference between ELISA and POC test was -2.76 µg/mL (95%CI, -11.70–6.18) (<0.05). The Bland-Altman plot indicates that at concentrations above approximately 15 µg/mL, the rapid test (POC) overestimates the ADL concentration values compared to the ELISA technique.

Conclusion and Relevance The Quantum Blue® Adalimumab POC rapid test shows high correlation and concordance and minimal acceptable differences compared to the reference ELISA tests, making it reliable and allowing results to be obtained within minutes.

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Conflict of Interest No conflict of interest.

4CPS-087 PERSISTENCE IN THE METHADONE MAINTENANCE PROGRAMME AND ITS RELATIONSHIP WITH THE MEDICATION REGIMEN COMPLEXITY INDEX IN OPIOID DEPENDENT PATIENTS

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Background and Importance It has been shown that the Medication-Regimen-Complexity-Index (MRCI) is a useful and reliable tool for calculating the complexity of the pharmacotherapeutic regimen (CPR). Furthermore, high MRCI is associated with lower adherence. However, MRCI in opioid-dependent patients (ODP) has not been studied.

Aim and Objectives Calculate the methadone-maintenance-programme (MMP) persistence and the MRCI score in a ODP cohort. Second, to analyse its relationship and association with other variables.

Material and Methods An observational study including adults with a confirmed diagnosis of opiate-dependence according to the DSM-5 in a MMP centre was carried out from November 2021 to April-2022.