DRUG RELATED PROBLEMS SECONDARY TO HEPARIN TREATMENT IN PATIENTS DISCHARGED FROM THE EMERGENCY DEPARTMENT

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Background and Importance It is a common practice to discharge patients from the emergency department (ED) with low-molecular-weight-heparin (LMWH). But there is limited knowledge of the risk factors associated with drug related problems secondary to heparin treatment in patients discharged from ED.

Aim and Objectives To assess drug related problems secondary to heparin treatment in patients discharged from ED including bleeding and thromboembolic episodes.

Material and Methods Retrospective observational study. Adults patients discharged from ED with LMWH were included (February to April 2022). Study variables included comorbidities of the patient, number of drugs at discharge, drugs that may be related to bleeding episodes, length of treatment, and 30-day ED revisits. The association between 30 days ED revisits, comorbidities and patient treatment was evaluated using Ji-square or Fisher’s test.

Results Over the duration of the study 90 patients were included (mean age=73.1 years (SD 16.2); females 32 (49.2%). Reason for anticoagulation with LMWH included atrial fibrillation (32;35.6%), prophylaxis (7;7.8%) and thromboembolism (51;56.67%). Duration of treatment with heparin was less than 7 days (17;18.9%), 7 to 30 days (37;41.2%) and more than 30 days (36;40%). Of the 90 patients, 3 came back due to haemorrhage and 2 due to thromboembolism.

A greater tendency to return to the ED once discharged at 30 days was observed in patients over 80 years old (10.5% vs 5%; p=0.167).

Conclusion and Relevance About a 5% of patients who were discharged with heparin from ED returned after 30 days due to bleeding or thromboembolism, more frequently in patients over 80 years old and polypharmacy.

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

SURVEY OF DIETARY SUPPLEMENT USE AND VACCINATION STATUS AMONG RHEUMATOID ARTHRITIS PATIENTS DURING THE COVID-19 PANDEMIC

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Background and Importance In recent years not just the novel therapeutic approaches, but the Coronavirus pandemic has also affected the therapy management of patients with rheumatoid arthritis. Beside these changes, the immunisation against COVID-19 has also been an issue and raised several questions from clinicians to patients.

Aim and Objectives Therefore, our aim was to find out the possible changes that patients were experiencing and the potential factors influencing their therapy.

Material and Methods Data was collected through structured personal interviews with a 33-item questionnaire licensed by resources. Clinical rules using structural information in the electronic health record can help bedside pharmacists to prioritise their work on the ward by identifying potential high-risk situations. Hence, a risk-based clinical pharmacy service was developed and implemented at the trauma ward, as a proof of concept.

Aim and Objectives To evaluate the impact of a risk-based clinical pharmacy service on potential inappropriate prescriptions (PIPs) at the trauma ward.

Material and Methods The impact on the proportion of residual PIPs per day, i.e. the number of PIPs that persisted up to 24h after pharmacist intervention divided by the number of PIPs at T0, was evaluated using an interrupted time series analysis. The pre-intervention cohort received usual pharmacy services, i.e. 0.3 FTE availability of a junior bedside clinical pharmacist. In the post-intervention period, the pharmacist could rely on 16 clinical rules, targeting antimicrobial, anticoagulant and analgesic therapy. The pre-intervention period was compared to two post-intervention scenarios to investigate possible requirements for the intervention: (scenario A) clinical rule alerts reviewed by a junior clinical pharmacist on a 0.3 FTE basis; and (scenario B) clinical rule alerts reviewed daily for approximately 1h by a clinical pharmacist with one year of clinical pharmacy experience.

Results Pre-intervention, a median proportion of 67% residual PIPs per day was observed. Scenario A showed an immediate relative reduction of 42% (p=0.15) and scenario B a significant immediate relative reduction of 77% (p=0.03) in residual PIPs per day. In scenario A, recommendations were provided by the pharmacist for 19% (44/232) of clinical rule alerts, of which 69% was accepted by the trauma surgeon within 24h. In scenario B, recommendations were given for 56% (167/299) of clinical rule alerts, of which 84% was accepted.

Conclusion and Relevance The use of clinical rules is an effective approach to organise bedside clinical pharmacy services and improves the efficiency of the clinical pharmacist at the trauma ward. Pharmacist’s experience and daily follow-up of the clinical rule alerts are two requirements to be considered.

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