although studies with larger numbers of patients are needed to establish the tobacco-olanzapine interaction as clinically relevant.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-245 PREVENTION OF REFEEDING SYNDROME IN PATIENTS ON PARENTERAL NUTRITION: A REVIEW OF APPROPRIATENESS

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Background and Importance Refeeding syndrome (RFS) is a metabolic disorder that can be triggered after nutritional replacement. This condition can be life-threatening, so early identification and prevention is important.

Aim and Objectives Describe a system of screening and nutritional support in patients at risk of RFS. Assess the degree of adequacy of initial parenteral nutrition (TPN) to published NICE guidelines.

Material and Methods Retrospective observational study including patients from January 2020 to September 2022 identified with RFS risk, according to NICE guidelines criteria, at the beginning of TPN.

Variables collected were: age, sex, weight, height, service, low/no intake in 5–10 days prior to starting TPN, type of RFS risk (high or extreme), kilocalories (Kcal) of TPN at baseline and at reaching total requirements, time to establishment of total kcal on TPN and development of RFS (decrease in serum levels of potassium, phosphate, magnesium in the first 72 hours).

Results 33 patients were included. The mean age was 59,6 years (SD: 15,5). 54,5% were men. The mean BMI was 20,2 (SD: 4,0). 33,3% were surgery patients; 27,3% onco-haematology; 24,2% digestive; 9.1% critical care; 6,1% others. 75,8% of the patients had low/no intake prior to the introduction of TPN. A total of 90,9% were at high risk of developing RFS. The mean kcal/kg of TPN at the start was 20,4 (SD: 3,7). In 63,6% of patients total kcals were instituted within 2 days, and in 36,4% within 3 days. 3 patients developed RFS, all at high risk, 2 of them being onco-haematological.

Conclusion and Relevance Most patients who developed RFS were onco-haematologic, a group at risk for RFS, and had little/no intake prior to the initiation of TPN.

In line with the recommendations established by NICE guidelines, the kcal/kg provided by TPN at baseline are higher than recommended (20.4 vs 10 kcal/kg). In addition, the total kcal were reached between 2–3 days, the recommendations being between 4–7 days. Only 9.1% of the patients developed RFS, so that future studies could consider a less restrictive caloric start in TPN than that proposed in the aforementioned guidelines.

The role of the pharmacist, together with the rest of the multidisciplinary team, has allowed early detection and prevention of developing RFS in 90.9% of the patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-248 THERAPEUTIC DRUG MONITORING OF LINEZOLID IN SOFT-TISSUE AND OSTEOARTICULAR INFECTIONS: A RETROSPECTIVE ANALYSIS

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Background and Importance Both prospective and retrospective trials and case reports suggest that therapeutic drug monitoring (TDM) of linezolid may be useful, especially in situations when there's a potential alteration of its pharmacokinetics or an increased risk of adverse events (AE); obesity, renal failure, drug interactions or prolonged treatments.

Aim and Objectives To assess effectiveness and safety of linezolid in SOI regarding linezolid serum concentrations (LSC) and analyse the influence of glomerular filtration rate (GFR) and body mass index (BMI) in LSC.

Material and Methods Observational retrospective study including patients with SOI treated with linezolid between January/2019 and December/2021.

Demographic, prescription and clinical data were collected from hospital´s medical records. Creatinine clearance was estimated by the Cockcroft-Gault formula.

Quantification of linezolid was performed by HPLC-UV. Therapeutic target trough concentrations were settled at 2–8 mg/L.

We studied the relationship among GFR and BMI with LSC using a multivariate regression analysis with IBM SPSS® Statistics program

Results Forty-two patients (mean age 58.7 ± 16.1, 69.1% male) were included. All patients received linezolid 600mg q12h orally as initial dose. The median duration of treatment was 34.2 ± 17.4 days. No relevant drug interactions were observed.

Twenty-two patients (52.4%) had LSC outside therapeutic range (TR): 10(45.5%) above and 12(54.5%) below TR. In only 3(18.7%) patients with supratherapeutical LSC posology was modified. All infections (including ones in patients with LSC below TR) were resolved.

AE occurred in 16(38.1%) patients, 7(43.8%) over TR. Eight of them (50%) discontinued treatment due to AE (50% diarrhea, 62.5% glossitis, 25% thrombocytopenia, 12.5% anaemia).

Seven (16.6%) patients had GFR<60 ml/min, of which 4 (57.1%) were over TR. Seventeen (40%) patients had a BMI>30, of which 5(29.4%) had linezolid determinations outside the TR: 3(60%) below TR. It was not found a significant correlation between BMI and LSC (p=0.34), whereas a significant inverse correlation was found between GFR and LSC (p=0.01).

Conclusion and Relevance A great proportion of patients were outside the TR, and the variable that seems to affect the most is GFR (p=0.01), so TDM would be specially recommended in patients with a lower GFR to decrease AE, which occur frequently with high LSC. Effectiveness was demonstrated in all patients including the ones with LSC below TR.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest