azathioprine (71%), infliximab (51%), vedolizumab (11%) and methotrexate (8.8%). 31% of the patients had received two anti-TNF.

Initially, 46.6% of the patients presented AP, 31% >5 SD, Fcal 382 mg/kg(30–1919) and CRP 18.3 mg/dl(<1-92). 64.4% patients underwent dose escalation: to every 4 weeks (93.1%), 6 weeks (3.4%) and 8 weeks (3.4%). Prior to this intensification, 31% presented AP, 24.1% >5 SD, mean Fcal 401.2 (11–2625) and CRP 10.4(<1-40.3) .The mean time to first intensification was 426 (147–1157) days.

2 patients required a second intensification.

6 patients also underwent intravenous reinduction, who presented: 33% AP, 83.3% > 5 SD, Fcal 818 (45–1492) and CRP 18.5 (23). The time from the first intensification to reinduction was 338(145-730) days. 3 patients required a second reinduction as they all presented >5 SD, Fcal 941(297–2032) and CRP 4.13.

Currently, 88.8% of patients continue with UST. Patients without intensification present Fcal 146.77 and CRP 3, while those with a shortened dosage interval present clinical remission with Fcal 175.56 and CRP 4.01. Those who had also undergone at least one reinduction presented clinical remission too with Fcal 382 and CRP 7.5.

Conclusion and Relevance UST was effective in the majority of our cohort of patients. More than half of the patients required shortening of dosage interval and a fifth part of these also required one or two intravenous reinductions to control the disease.

Conflict of Interest No conflict of interest

5PSQ-052 CHANGES IN POLYMEDICATED PATIENTS’ PRESCRIPTIONS AFTER OUTPATIENT HOSPITAL CONSULTATIONS IN REAL LIFE SITUATIONS

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10.1136/ehjpharm-2023-eahp.444

Background and Importance In public health system one of the main management issues is polypharmacy because of the increasing number of patients involved each year and its economic impact. On a daily basis, a high number of polymedicated patients come through the outpatient medical consultations in which, after a consultation with the doctor, it is unknown if any change in treatment is made, or drugs are stopped or added to their treatments.

Aim and Objectives The aim of this study is to analyse how polymedicated patients’ prescriptions change after a medical consultation in a hospital which attends 450.000 inhabitants in the outpatient setting, under real-life situations linked to practice through the prescriber.

Material and Methods Observational prospective study of ten days duration performed in the field of hospital medical consultation with outpatient patients. We included all polymedicated patients (those with a consumption of ≥15 drugs/month) that come to a medical consultation in a second level hospital. Patients’ number of prescriptions were analysed before and after the medical consultation. We analysed if there was any change in the medication, and whether this change was an addition, discontinuation, or substitution of treatment.

Results From 25 October 2021 to 5 November 2021, 603 polymedicated patients (women: 65.2%; average age: 74.7 ± 10.8 years) attended the hospital’s outpatient consultations of all medical specialties. In the 87% of the patients (n=522) no modification was made in their treatment by the prescriber after the consultation, and in the 13% remaining patients (n=78) the following treatment changes were made: 88 additions, 15 discontinuations and 7 substitutions of treatment.

Conclusion and Relevance More than 8 out of 10 polymedicated patients with more than 15 drugs/month who attend medical consultations do not suffer changes in their medication. In the rest of the patients, the vast majority of occasions medication is added to their treatment, and medication is rarely suspended. This study highlights the need to review and approach to handling unnecessary medication use and polypharmacy due to the increasing number of patients involved each year that may have a negative impact on patients and the healthcare system. Pharmacists could serve as advisors for the review of patients’ unnecessary polypharmacy in the outpatient setting.

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

5PSQ-061 NEW-ONSET MULTIPLE SCLEROSIS ASSOCIATED WITH ADALIMUMAB TREATMENT: ABOUT TWO CASE REPORTS

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10.1136/ehjpharm-2023-eahp.445

Background and Importance Treatment with adalimumab offers an improvement in autoimmune diseases and it is considered well tolerated. Demyelination with adalimumab have been described in several case reports.

Aim and Objectives To describe two cases of Multiple sclerosis (MS) triggered by adalimumab treatment.

Material and Methods Descriptive and retrospective clinical cases that occurred in October 2021. Data were obtained by medical records. The causal relationship between adalimumab and MS was assessed using the Naranjo’s algorithm.

Results Patient 1, 41-year-old, woman with psoriasis diagnosed 5 years ago in treatment with adalimumab for 2 years with no history of neurological disease.

She presented loss of strength, ataxia and paresthesias. She was treated with methylprednisolone for 5 days with functional improvement and adalimumab was stopped.

Magnetic resonance imaging (MRI) revealed intramedullary lesion of C2, showing two possible diagnosis: inflammatory myelitis as the first possibility or tumour origin. She presented systemic autoimmune stigmas (positive antibodies antinuclear, oligoclonal bands (OCBs) positive in cerebrospinal fluid and serum and psoriasis).

Six months later, she had a new possible cervical outbreak. MRI showed the appearance of a parasagittal occipital cortico-subcortical lesion confirming the diagnosis of MS according to McDonald’s criteria (2017). She started treatment with dimethylfumate.
Patient 2, 43-year-old, woman with ankylosing spondylitis HLA-B27+ in treatment with adalimumab 5 months ago and no history of demyelinating diseases.

She presented ataxia and hemihypesthesia She was treated with methylprednisolone for 5 days with functional improvement stopping adalimumab treatment.

In the MRI, multiple lesions with dissemination criteria in space (1 periventricular, 1 infratentorial), and in time (only one of them with gadolinium uptake, currently apparently asymptomatic), the patient met McDonald’s criteria (2017) for MS with OCBs negative and she started treatment with ocrelizumab.

Naranjo’s algorithm determined as adverse drug reactions probable in patient 1 and possible in patient 2.

Conclusion and Relevance A potential link between adalimumab and MS was related in these cases. Although this relationship have been associated in rare cases, adalimumab should be avoided in patients with history of demyelinating disorders. Patients should be informed of possible symptoms at the start of therapy and treatment should be discontinued if they develop them.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-072 ANALYSIS OF THE DURATION AND COMPLICATIONS ASSOCIATED WITH PERIPHERAL PARENTERAL NUTRITION: A COHORT STUDY

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10.1136/ejhpharm-2023-eahp.446

Background and Importance Peripheral parenteral nutrition (PPN) is a widely-used complex intravenous formulation with certain singularities. According to the European and the American Societies of Parenteral and Enteral Nutrition (ESPEN and ASPEN), an appropriate duration of PPN (7–10 days) is related to a lower number of complications such as catheter infections or metabolic imbalances.

Aim and Objectives To assess whether a longer duration of PPNs is related to an increase in associated complications.

Material and Methods A retrospective observational cohort study was conducted in adult patients hospitalised in the Digestive Service who received PPN between 1 January 2021 and 15 September 2022. The following variables were collected: demographic data (sex and age), underlying disease, duration of PPN administration reason for discontinuation and PPN-associated complications. Data were obtained from digital medical records and parenteral nutrition software (KABISOFT).

Results A total of 35 patients (34,29% female) with a mean age of 56.06 years ± 18.44 were included. The mean number of days with PNN was 4.43 ± 2.70, and only 1 patient received PNN for more than 10 days. The patients recruited had the following underlying diseases: intestinal inflammation (28.57%), dysphagia (25.71%), pancreatitis (20%), intestinal perforation (8.57%), achalasia (8.57%), intestinal obstruction (5.71%), and others (2.86%). The main reasons for a discontinuation of PNN were a change to central line PN (65.71%) and the onset of oral tolerance (34.29%). Of the total number of patients (n=35), the following PNN-associated complications were recorded: phlebitis (n=14, 40%), affecting up to 60% of users with PNN for more than 5 days, and extravasation, which was reported in 9 patients (28.57%).

Conclusion and Relevance Most patients in our cohort received PNN for the duration recommended by international guidelines. In addition, a higher incidence of phlebitis was observed in those patients who continued PNN for more than 5 days.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-080 IDENTIFICATION OF PHARMACOLOGICAL INTERACTIONS BETWEEN IVACAFTOR/TEZACAFTOR/ELEXACAFTOR AND DIETARY SUPPLEMENTS/HERBS IN PATIENTS WITH CYSTIC FIBROSIS IN AN OUTPATIENT PHARMACEUTICAL CARE UNIT

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10.1136/ejhpharm-2023-eahp.447

Background and Importance CFTR (cystic fibrosis transmembrane conductance regulator) modulators have meant a significant change in clinical course of cystic fibrosis (CF) patients.

Ivacaftor/tezacaftor/elexacaftor (IVA/TEZ/ELX) are metabolised by cytochrome CYP3A4/5; and tezacaftor and elexacaftor are P-glycoprotein substrates. For this reason, it is essential to review possible drug interactions (DIs) between IVA/TEZ/ELX with drugs, dietary supplements or herbs.

In Spain, dietary supplements and/or herbs use in complex chronic patients was 60–85% in 2021.

Aim and Objectives Identification and evaluation of possible DIs between IVA/TEZ/ELX and dietary supplements and/or herbs in CF adult patients.

Material and Methods Prospective interventional study conducted in an Outpatient Pharmaceutical Care Unit (OPCU) from December 2021-March 2022 that included CF adult patients who started IVA/TEZ/ELX.

Following OPCU protocol, a first structured pharmaceutical care (PC) visit was conducted at the start of IVA/TEZ/ELX to inform about dosage, administration, DIs, precautions, and adverse reactions.

Biodemographic data, F508del mutation, previous CFTR modulators and concomitant dietary supplements and/or herbs were collected.

Results 104 patients (53 women, median age 28.3 (21.9–36.7) years) were included; 65 patients (62.5%) were heterozygous for F508del mutation. One patient was in previous treatment with ivacaftor, 48 patients with ivacaftor/tezacaftor and 13 patients in clinical trial or managed access programs with IVA/TEZ/ELX.

We identified 14 patients (9 women) with median age 35.1 (22.1–40.0) years who took dietary supplements and/or herbs at the start of IVA/TEZ/ELX, 13.5% of all patients.

Possible CYP3A4/5 DIs (Silybum marianum, Carica papaya, Hypericum perforatum, Bacopa monnieri, Ginkgo