

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 hemihypoesthesia 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

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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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Background and Importance Peripheral parenteral nutrition (PPN) is a widely-used and 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 \pm 18.44 were included. The mean number of days with PNN was 4.43 \pm 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.

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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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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*, *Curcuma longa*, *Hypericum perforatum*, *Bacopa Monnieri*, *Ginkgo*