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.

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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-usedand 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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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*

biloba, *Citrus aurantium* and *Vaccinium*) were identified in five patients. Due to the possible DIs, pharmaceutical recommendation was the withdrawal of the supplements or herbs, which were suspended in all cases. In one patient, possible P-glycoprotein DI was detected (*Boswellia serrata*), but removal was not considered necessary.

Conclusion and Relevance Dietary supplements and/or herbs use in our population was lower than in other complex chronic patients. However, identification of possible DIs led to the withdrawal of the supplements and/or herbs in approximately one third of the patients.

DIs with IVA/TEZ/ELX can have great clinical relevance and impact on health outcomes. Therefore, the review of concomitant treatments in the PC visit is essential to guarantee the effectiveness and safety of IVA/TEZ/ELX.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-085 MEDICATION ADMINISTRATION IN PATIENTS WITH DYSPHAGIA: SEARCHING FOR THE BEST PHARMACEUTICAL FORM

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Background and Importance Dysphagia is usually associated to age and different conditions (neurodegenerative diseases such as Parkinson and amyotrophic lateral sclerosis (ALS), muscular dystrophy or respiratory diseases). Medication handling is very common and may affect to bioavailability, efficacy and toxicity profile of drugs, leading to administration errors.

Aim and Objectives To evaluate medication administration in patients with dysphagia by matching them to the best pharmaceutical form with recommendations on correct manipulation, after the request of reconciliation by the physician and the development of a pharmaceutical report. We also evaluated the recommendations acceptance.

Material and Methods Observational, retrospective study performed from January 2019 to August 2022. Collected data were: disease, number of drugs, suggested alternative suitable for dysphagia, drugs that cannot be handled due to their pharmaceutical form or because of being hazardous drugs, and most common active ingredients. Patients' clinical data were collected from our EHR.

Results We included 72 patients, median age was 73(IQR 66–84), 51% women. Among them, 46% were inpatients and 54% outpatients. Most prevalent diseases were: ALS 29 patients(40%) and stroke 17 patients(24%). The median of drugs for which manipulation was evaluated was 8(6–10) per patient. A dysphagia reconciliation report was performed in 52(72%) patients, a median of 3(1–4) alternatives to a more appropriate dosage form were proposed. Fifty drugs were found to be prescribed and should not be manipulated as hazardous drugs, soft capsules, extended-release or gastro-resistant tablets.

We analysed the drugs of 52/72 patients. Among the 379 active ingredients prescribed, most frequent therapeutic drug was group N (nervous system) 38,8%, group C (cardiovascular system) 20,1% and group A (alimentary tract and metabolism) 19,3%. The most prescribed active ingredients were paracetamol(26 patients), omeprazole(16), riluzole(11), and sertraline (11).

The suggested alternatives were mainly oral solutions(57%) and orodispersible dosage forms(36%).

Medical acceptance of recommendations about therapeutic alternatives adapted to swallowing disorders was 100%.

Conclusion and Relevance Dysphagia is a prevalent condition not only in elderly patients.

Medication reconciliation in patients with swallowing disorders is essential to ensure treatment efficacy.

Elaboration of pharmaceutical reports with treatment alternatives is very useful in hospital setting and during transitions of care.

Acceptance has been very positive by both physicians and patients.

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Conflict of Interest No conflict of interest

5PSQ-088 EXPLORING THE NEED FOR A CHECK OF COMPOUNDING APPROPRIATENESS SERVICE: EVALUATION OF SPONTANEOUS CHECKS BEFORE COMPOUNDING AT A LARGE TERTIARY CARE HOSPITAL

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Background and Importance Medication errors (MEs) occur in 5% of drug administrations in inpatients. Avoiding MEs is key to improve patient safety. Our centre implemented the Check of Medication Appropriateness (CMA), a back-office validation service, which significantly reduces potentially inappropriate prescriptions (PIPs). However, prescriptions for compounded medicines are lacking in this validation system.

Aim and Objectives The aim of this study was to evaluate which checks are currently performed in a spontaneous and implicit way for prescriptions of compounded medicines. These checks identify possibilities for future development of an explicit and standardised service called the 'Check of Compounding Appropriateness' (CCA).

Material and Methods An anonymous e-questionnaire was implemented at the compounding unit of our centre. Pharmacists and pharmacy technicians were asked to complete the e-questionnaire for every prescription of compounded medicines for which they performed implicit and spontaneous checks.

Results Data saturation was obtained after two months yielding registrations for 315 prescriptions, accounting for 30% of total compounded prescriptions. Top category formulations included capsules (n = 240) and ointments & creams (n = 26), accounting for 84%. Eighty-nine percent (n = 281) of the prescriptions were ordered electronically instead of paper prescriptions. In total 1002 (clinical) checks were performed for the 315 prescriptions leading to the identification of 120 PIPs (38.1%). Ninety-four PIPs accounted for a logistic problem, mainly substitution (n = 58) or double order (n = 11);