**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), rifuzole (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.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of Interest No conflict of interest
Background and Importance Pharmacovigilance has an essential role in monitoring outpatient treatments. As healthcare professionals we have the responsibility to report suspected adverse drug reactions (ADRs), so these data can be analysed by pharmacovigilance centres to determine the causality of possible unknown risks or changes in the severity and frequency of those already known.

In the last decade, the rise of biological therapies as standard treatment in a huge array of pathologies in outpatient practices has led us to focus our project on them. Aim and Objectives To analyse the safety of pirfenidone and nintedanib in patients with ILD as well as treatment’s persistence, in a third-level hospital. Material and Methods Retrospective observational study of patients with ILD treated with antifibrotic drugs from January 2016 to August 2022. Variables: sex, age, drug, duration of treatment, ADRs type and duration. Results were compared with the AMHPS National database, which is updated every 3 months. Results In these months, we reported seven suspected ADRs. Most of them were reported in women (85.8%), with a mean age of 49.6 years (32–64). The biological therapies suspected of triggering ADRs were adalimumab, sarilumab, etanercept, abatacept, etanercept and galsulizumab. The adverse reactions reported were mostly related to the presence of infections (42.8%), followed by muscle disorders (28.6%), nausea (14.3%) and neutropenia (14.3%). Among the biological therapies used, the one associated with the highest number of notifications was sarilumab (28.6%) and the most frequent indication was rheumatoid arthritis (57.14%). Conclusion and Relevance Comparing the results with the AMHPS database, in our population we observe a greater number of notifications for sarilumab, being the one with the fewest national notifications, probably related to its recent authorisation and not being used in first-line treatments. On the other hand, in the overall number of national ADRs notifications, infections are not the most frequent ADR, being in the first place musculoskeletal and gastrointestinal disorders.

It is important to be aware of the role of pharmacists and all healthcare professionals in contributing to the detection of ADRs. Collecting this data and taking a global view of it by healthcare institutions allows to improve safety in outpatient treatments.

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

[PSQ-098] SAFETY AND PERSISTENCE OF ANTI-FIBROTIC DRUGS IN INTERSTITIAL LUNG DISEASES
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Background and Importance Interstitial lung diseases (ILD) is a group of rare diseases with bad prognosis, being Idiopathic pulmonary fibrosis (IPF) the most frequent of them. They can be treated with antifibrotic drugs: nintedanib or pirfenidone. However, these drugs have a high rate of adverse effects, which has a significant impact on treatment persistence.

Aim and Objectives To analyse the safety of pirfenidone and nintedanib in patients with ILD as well as treatment’s persistence, in a third-level hospital.

Material and Methods Retrospective observational study of patients with ILD treated with antifibrotic drugs from January 2016 to August 2022. Variables: sex, age, drug, duration of antifibrotic treatment, associated drug, switch to another antifibrotic drug, side effects, discontinuations, deaths. Information was collected from the hospital’s information systems.

Results 66 patients, 67% men, mean age 67 (47–86). 44 patients with nintedanib: 23 IPF, 14 progressive pulmonary fibrosis (PPF), 2 ILD associated with systemic sclerosis, 4 fibroemphysema and 1 ILD not classified. 5 of them were treated with an associated immunosuppressive drug: mycophenolate mofetil. 12 patients needed a dose reduction due to gastrointestinal effects: 100% diarrhea, 80% nausea. 1 patient needed temporary discontinuation due to increased transaminases, which were finally stabilised, being able to return to a higher dose. 2 patients needed discontinuation of treatment due to bleeding: 1 patient was on antiplatelet therapy and the other had a background of epistaxis. These two patients switched to pirfenidone.

22 patients with pirfenidone: all of them IPF. 2 patients needed dose reduction due to diarrhoea and 2 needed treatment discontinuation due to severe sunburns. These patients switched to nintedanib.

Persistence until progression 18 months with nintedanib and 24 months with pirfenidone. 8 patients died during treatment, 4 of them because of COVID-19 infection.

Conclusion and Relevance Thanks to a close follow-up in patients with ILD, it is possible to modify the dose and to achieve greater tolerance to treatments. The pandemic affected negatively during the year 2020, not only because of the impossibility of receiving medical appointments, but also due to the impossibility of receiving medical appointments, but also due