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

[1]A Arancón*, [1]S Andres Morera, [1]M Ruano Encinar, [1]M Ayllón Morales, [1]M Escario Gomez, [2]S Chajma Izquierdo, [1]A Herrero Ambrosio. *[1]LA PAZ UNIVERSITARY HOSPITAL, PHARMACY, MADRID, SPAIN; [2]LA PAZ UNIVERSITARY HOSPITAL, REHABILITATION, MADRID, SPAIN*

10.1136/ejhpharm-2023-eahp.448

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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Guide about medication administration in patients with swallowing disorders: https://www.sefh.es/bibliotecavirtual/guiadisfagia/Guia_disfagia2021_v4_interac_-DEF.pdf?ts=20221117125904

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

[1]E Van Den BROUCKE*, [1]D Devolder, [1]T De Rijdt, [2]F Weekers, [1]C Quintens, [1]I Spriet. *[1]University Hospitals Leuven, Pharmacy Department, Leuven, Belgium; [2]University Hospitals Leuven, Hospital Direction, Leuven, Belgium*

10.1136/ejhpharm-2023-eahp.449

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);

25 were clinical PIPs, mainly incorrect dosing (n = 15); one PIP contained both a clinical and logistic problem. In 67.5% of PIPs, colleagues were contacted. In prescriptions with PIPs, the final action included cancellation of the preparation because of substitution to a commercially available drug/stock preparation (50.0%), cancellation of the preparation due to other reasons than substitution (23.3%), compounding of an adapted prescription (13.3%) and compounding of the original prescription (13.3%).

Conclusion and Relevance PIPs also occur in prescriptions for compounded medicines. At our centre, these PIPs mainly include logistic and dosing problems. Next to the set-up of back-office CCA, this survey revealed that prescribing support, such as a substitution or dosing module, should be implemented to increase the efficiency at the compounding unit and patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-092 PHARMACOVIGILANCE OF BIOLOGICAL THERAPIES FROM THE OUTPATIENT DEPARTMENT

KI Álvarez Tosco*, P Díaz Ruíz, J González Chávez, M Suárez González, A Martin López, P Joy Carmona, CY Perez Martin, J Merino Alonso. *Hospital Universitario Nuestra Señora De Candelaria, Servicio De Farmacia, Santa Cruz De Tenerife, Spain*

10.1136/ejhpharm-2023-eahp.450

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 Analyse suspected ADRs reported to the National Pharmacovigilance System of the Agency of Medicines and Health Products (AMHPS), from the outpatient department in a central Hospital Pharmacy.

Material and Methods Single-centre observational retrospective study of suspected adverse reactions reported over a three-month period [July 2022 – September 2022]. The following data were collected: age, sex, treatment, indication, date of initiation, 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, erenumab and galcanezumab. 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

5PSQ-098 SAFETY AND PERSISTENCE OF ANTI-FIBROTIC DRUGS IN INTERSTITIAL LUNG DISEASES

P Joy Carmona*, J Gonzalez Chavez, M Suarez Gonzalez, P Diaz Ruiz, J Merino Alonso. *Hospital Universitario Nuestra Señora De Candelaria, Servicio De Farmacia, Santa Cruz De Tenerife, Spain*

10.1136/ejhpharm-2023-eahp.451

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