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 PHARMA COVIGILANCE OF BIOLOGICAL THERAPIES FROM THE OUTPATIENT DEPARTMENT

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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 abatacept, sarilumab, etanercept, abacavir, etanercept and ganciclovir. 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.

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Conflict of Interest No conflict of interest

5PSQ-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 antiplaetey 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 acceleration of their death. The rapid establishment of anti-fibrotic treatment and the adequate control of adverse effects are the key for this type of patients.

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5PSQ-104 ERRORS IN ACENOCOUMAROL RECONCILIATION IN PATIENTS ADMITTED FROM THE EMERGENCY DEPARTMENT
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Background and Importance Acenocoumarol is an anticoagulant derived from coumarin, which acts as a vitamin K antagonist. Its dosing regimen is adjusted according to the desired international normalised ratio (INR). Given its great inter and intraindividual variability, very disparate dosing is required, and the narrow therapeutic margin makes it a drug that is very susceptible to adverse drug events.

Aim and Objectives The aim of this study is to detect errors in the reconciliation of treatment withacenocoumarol in patients admitted to the emergency department.

Material and Methods Descriptive, observational, retrospective study, which included all patients over 18 years of age, treated withacenocoumarol, admitted to the hospital in April 2022. The primary endpoint was the incidence ofacenocoumarol prescribing errors in the emergency department. The weekly dose prescribed in hospital and the weekly outpatient dose were compared. The following variables were also obtained: sex, age, medical observations onacenocoumarol prescription, pharmacy treatment reconciliation report, and whether the regimen was adjusted during hospitalisation. A descriptive statistical analysis was performed using measures of central tendency such as median and mean, using the SPSS v.23 program.

Results 31 patients treated withacenocoumarol were included who were admitted to the emergency department in April 2022. Sixty-one percent were men and the median age was 80 ± 12 years (RIQ, 72–85). Prescribing errors were found in 58% (18) of patients, with a higher than expected dose in 19%. Of these patients, the prescriber recorded a note in 61% of patients and the pharmacy service requested treatment reconciliation in 56%. Among the 18 patients with prescribing errors, the regimen was corrected before hospitalisation in 6%, while in 56% the regimen was not adjusted during admission. In 1 patient an overdosage withacenocoumarol was observed, causing a serious adverse effect that required treatment.

Conclusion and Relevance In our study we observed a high percentage of prescription errors withacenocoumarol during hospital admission. This shows the need for treatment reconciliation in the emergency department. The erroneous regimen is maintained during hospital stay in 56% of patients, which can lead to serious medication errors. We conclude that the variable dosing ofacenocoumarol requires greater attention on the part of health staff when reconciling treatment.

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