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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

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 with acenocoumarol in patients admitted to the emergency department.

Material and Methods Descriptive, observational, retrospective study, which included all patients over 18 years of age, treated with acenocoumarol, admitted to the hospital in April 2022. The primary endpoint was the incidence of acenocoumarol 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 on acenocoumarol 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 with acenocoumarol were included who were admitted to the emergency department in April 2022. Sixty-one percent were men and the median age was 80 ± 12years (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 with acenocoumarol was observed, causing a serious adverse effect that required treatment.

Conclusion and Relevance In our study we observed a high percentage of prescription errors with acenocoumarol 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 of acenocoumarol requires greater attention on the part of health staff when reconciling treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-105 DEVELOPMENT OF HYPOMAGNESEMIA IN CRITICAL PATIENTS TREATED WITH ISAVUCONAZOLE

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Background and Importance Isavuconazole is an antifungal drug belonging to the triazole group. It is indicated in invasive aspergillosis and mucormycosis in patients for whom amphotericin B is not appropriate. A rare adverse effect of this drug is hypomagnesemia (from≥1/1,000 to 1/100 cases per patient according to the technical data sheet), which can trigger other electrolyte disturbances such as hypocalcemia or hypokalemia.

Aim and Objectives The aim of this study is to observe the occurrence of hypomagnesemia in a cohort of patients treated with isavuconazole.

Material and Methods Descriptive, observational, retrospective, single-centre, retrospective study, in which all patients over 18 years of age, who were treated with isavuconazole throughout the year 2021, were included. Exclusion criteria were: age less than 18 years, pregnancy or treatment duration less than 24 hours. The main variable under study was the incidence of hypomagnesemia. The variables collected were: sex, age, plasma magnesium concentration before starting treatment with isavuconazole and at the end of treatment, number of days of treatment, need for intravenous magnesium sulfate rescue and concomitant treatment with proton pump inhibitors. A descriptive statistical analysis was performed using measures of central tendency with SPSS v.23®.

Results 37 patients treated with isavuconazole were included. Four patients were excluded. The median age was 63 years (Min-Max, 24–82) and 68% were men. The mean number of days of isavuconazole treatment was 6 ± 4.9 days. Plasma magnesium concentration was measured in 18 (49%) of the patients, of whom 12 were being treated with proton pump inhibitors. The mean plasma concentration before starting treatment was 0.88 ± 0.18 mmol/L, while the mean at the end of treatment was 0.79 ± 0.14 mmol/L. Hypomagnesemia was detected in 17% of patient safter treatment and 11% required rescue with intravenous magnesium sulfate.

Conclusion and Relevance In this observational study of patients treated with isavuconazole, we observed that the occurrence of hypomagnesemia is more frequent than described in the drug technical data sheet. Since hypomagnesemia is a known adverse reaction to the administration of this antifungal drug, and that it can cause other electrolyte alterations, it may be advisable to monitor plasma magnesium levels more closely during the duration of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest