

Conclusion and Relevance Low adherence seems to decrease LDL-C reduction capacity, while moderate compliance seems to maintain it. Further research is required, nevertheless, these results would support the possibility of decreasing the frequency of administration, favouring the adherence to treatment and reducing costs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-024 COMPARISON OF CHANGES IN CLINICAL VALUES OF INTENSIVE CARE PATIENTS AT VETERANS HOSPITAL ACCORDING TO VARIOUS FAT EMULSIONS FOR PARENTERAL NUTRITION

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Background and Importance The purpose of this study was to compare the changes in the clinical values of fish oil and non-oil-based TPN in critically ill patients and to provide a clinical rationale for TPN administration.

Aim and Objectives Data were collected from critically ill patients who received TNA (Fish oil-based or non- Fish oil-based TNA, the latter consisting of olive-soybean oil-based TNA or soybean oil-based TNA) at Veterans Health Service medical centre from 1 June 2019 to 31 May 2021.

Material and Methods Albumin, hs CRP, AST, ALT, Total Bilirubin (TB), PT.INR, WBC, Hb, Hct, PLT, Lymphocyte (LYT) levels were analysed.

Results This study collected 224 subjects (172 fish oil-based TNA, 45 olive soybean oil-based TNA, and 7 soybean oil-based TNA). The mean changes in hs-CRP before and after TNA injection were -8.71, -47.48, and -33.33 in the order of fish oil, olive-soybean oil, and soybean oil. The albumin level changes were -0.26, +0.05, and -0.03, respectively. Other than that, there were no statistically significant changes.

In the olive-soybean oil group, the decrease in hs-CRP showed a tendency to increase as the number of prescription days increased. Only in the fish oil group, as the APACHE2 score increased, the TB ($p<0.01$) and AST ($p<0.01$) tended to increase, and the thrombocytopenia tended to increase ($p<0.01$). In the olive soybean oil group ($p<0.01$) and soybean oil group ($p=0.037$), the increase in INR tended to increase as the BMI increased. In the fish oil group, ALT increased with age ($p=0.014$).

Conclusion and Relevance As a result of the study, there was no significant difference in clinical values between the preparations containing fish oil and the preparations containing non-fish oil except for hs-CRP and albumin. Therefore, it is judged that considering the nutritional components and economic feasibility of TNA preparations when administering TNA will be helpful in improving the nutritional status of patients and reducing the economic burden.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-026 EFFECTIVENESS OF SODIUM ZIRCONIUM CYCLOSILICATE IN REDUCING POTASSIUM CONCENTRATIONS IN HOSPITALISED PATIENTS

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Background and Importance Hyperkalaemia is a common but hazardous complication in patients with chronic kidney disease (CKD). Recent studies showed that new resins are effective in reducing potassium serum levels but its effectiveness is usually tested according to standard recommendations of shock and maintenance doses. Are these recommendations followed in clinical practice? If not, is it equally effective?

Aim and Objectives To evaluate the use and effectiveness of sodium zirconium cyclosilicate (SZC) treatment in routine clinical practice.

Material and Methods Observational and retrospective study carried out in a tertiary level hospital that included patients admitted with hyperkalaemia who started treatment with sodium zirconium cyclosilicate since December 2021.

Drug's technical data recommends shock dose of 10g/8h for a maximum of 72h until normokalaemia and from there, maintenance regimen with the minimum dose that allows concentrations between 3.5-5mmol/L. Therapeutic Positioning Report recommends reserving its use for patients with failure or intolerance to exchange resins like calcium polystyrene sulfonate (CPS).

Results 32 patients with a median age of 83 years (IQR 14) were recruited, 17 men. Main underlying cause of hyperkalaemia was CKD, 78% of cases.

Only 12.5% of all patients received a shock regimen of 10g/8h, 37.5% received 10g/24h, 6.3% received 5g/8h and 43.8% did not receive shock dose.

Regarding maintenance regimen, most common dosage was 5g/24h in 59.4% of the patients, followed by 10g/24h in 9.4% and 5g/48h in 3.1%. Remaining 28.1% did not receive a maintenance. 44.4% were never treated with resins and 3.7% showed intolerance to them.

Mean potassium concentration before treatment was 5.9 ± 0.7 mmol/L. 46.9% of the patients reached target potassium levels (3.5-5mmol/L) at 48h of treatment, 15.6% were below 3.5mmol/L; and 37.5% continued with concentrations above 5 mmol/L, half of whom had received SZC as a single dose.

Conclusion and Relevance A significant percentage of patients did not reach the potassium concentration target after treatment with SZC, which could be related to the lack of shock dose. This agrees with available literature, which concludes that doses higher than 10g/day lead to a greater potassium depletion. Almost one third of patients had not previously received resins so the most efficient option was probably not used since, as cost-comparison studies claim, CPS has a slightly better cost-effectiveness compared to SZC.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest