

anxiety (18.8%), somnolence (18.8%) akathisia (12.5%) and others (24.9%). Most frequent AEs in double dose population: akathisia (33%), anxiety (22%), sedation (11%), somnolence (11%) and others (23%).

Conclusion and Relevance Start with double dose aripiprazole depot treatment showed lower percentages of re-hospitalisation than single-dose regimen for maintenance treatment of patients with schizophrenia. Similar AEs were observed for both regimens.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-046 A QUALITATIVE STUDY OF FEASIBILITY AND ACCEPTABILITY OF A PHARMACY PRIORITISATION TOOLKIT BY A FRAILTY FOCUSED MULTIDISCIPLINARY TEAM IN AN ACUTE HOSPITAL EMERGENCY DEPARTMENT

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Background and Importance The number of frail, older patients presenting to the emergency department (ED) is increasing. As frailty is highly linked to medication issues, a pharmacy prioritisation toolkit (PPT), completed by a frailty multidisciplinary team (MDT), is effective to identify patients who would benefit the most from the frailty pharmacist's medication review.

Aim and Objectives To investigate feasibility and acceptability of a five-question PPT by the MDT after four months of use.

Material and Methods An anonymised, mixed methods questionnaire (open/closed questions) was distributed to the MDT (consultant, registrar and clinical nurse in geriatrics, dietician, occupational, physio and speech & language therapists). The questions aimed at establishing barriers and facilitators to the PPT. The straightforwardness of the toolkit questions was ranked using a Likert scale. A focus group was held to expand on the results of the questionnaire and inform future work to enhance the toolkit use.

Results Of 8 questionnaires circulated, 7 were returned. Barriers identified, in order most mentioned theme to least:

- difficulty identifying high risk medications
- lack of full medical/medication history in ED
- difficulty interpreting handwritten notes
- time taken to complete the toolkit

Although time taken to complete the PPT was a barrier, 5 respondents reported an average of 4 minutes for completion, which was deemed acceptable when discussing at the focus group. The group agreed, that some barriers are not modifiable such lack of full medical/medication history in ED. The most common facilitator was recognition that the tool clearly identifies when a pharmacy review is needed. Further education, self-learning and practice of the tool, but also upskilling on high risk medications and falls related medications, were considered potential future facilitators. 'Regular use of more than 10 medications' was the most straightforward question to answer in the toolkit while the least was 'Reason for admission potentially related to medications or admitted with non-mechanical fall'.

Conclusion and Relevance The toolkit was generally accepted by the MDT, the concise completion time was considered adequate taking into account the high prevalence of

medication issues in frail patients. Based on the responses, further education to the frailty MDT is planned, with main focus on recognition of high risk medications and falls related medications.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-047 IMPACT OF CORTICOSTEROID ON THE EFFECTIVENESS OF IMMUNOTHERAPY

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Background and Importance Symptomatic management of cancer patients often involves the use of corticosteroids. Recently, an association has been found between baseline corticosteroid levels and the response rate to immunotherapy in non-small-cell lung cancer (NSCLC).

Aim and Objectives Analyse the impact of corticosteroid administration on the effectiveness of immunotherapy.

Material and Methods Retrospective and descriptive study including patients who initiated immunotherapy between 2014 and 2021 for the treatment of locally advanced or metastatic stage NSCLC. Patients without a response assessment were excluded.

The following variables were collected and analysed through the oncology patient management programme and the electronic medical record: age, sex, Eastern Cooperative Oncology Group (ECOG), histology, drug, duration of treatment.

According to their pharmacy dispensing record, patients were classified into two groups: those who had received corticosteroids at doses higher than 10 mg of prednisone or equivalent within two months (before or after) of immunotherapy initiation the start of immunotherapy and patients who did not receive corticosteroids in that period of time.

Effectiveness was assessed by comparing Progression Free Survival (PFS) between the two groups of patients.

Results The study included 144 patients (103 men) with a mean age of 66 years. 97% of patients had an ECOG \leq 1 at baseline. In terms of histology, 65% were adenocarcinomas, 33% were epidermoid and the remaining 2% were undifferentiated NSCLC. 47% of patients were treated with pembrolizumab, 51% with atezolizumab and the remaining, 26% with nivolumab.

The corticosteroids prescribed were prednisone (50%), dexamethasone (38%) and methylprednisolone (3%).

The group of patients who received corticosteroids had a PFS of 3,72 months (95% CI; 2,76-6), while the group of patients who did not receive corticosteroids had a PFS of 5,52 months (95% CI; 4,56-9). The differences found were statistically significant (p=0,021).

Conclusion and Relevance The use of corticosteroids at doses higher than 10 mg prednisone or equivalent within two months (before or after) of immunotherapy initiation has been shown to reduce PFS of patients with NSCLC.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest