4CPS-049 TELEPHARMACY AND NEW HEALTHCARE MODELS: CLOSER TO PATIENTS

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Background and Importance The WHO defines telemedicine as 'the provision of health services (where distance is a determining factor) by health professionals through the use of information and communication technologies (ICTs) for the exchange of information relevant to diagnosis, treatment, disease prevention, research and evaluation, and for the continuing education of health professionals, with the ultimate goal of improving the health of populations and communities'. Telepharmacy is part of the transformation process of our current healthcare system that allows us to provide pharmaceutical care to specific groups of patients, such as frail patients or those who have problems traveling to the hospital.
Aim and Objectives The aim of this study is to describe and analyse the implementation of a **telepharmacy consultation** in a second-level hospital.
Material and Methods The study was conducted from February 2021 to May 2022. Patients were selected as candidates to be included in the telepharmacy consultation for pharmacotherapeutic follow-up, to detect and resolve any medication-related problems, to analyse and improve patient adherence and to check that the follow-up by the medical specialist was effective.
Results A total of 262 patients were identified as candidates to participate in the project to send medication to their respective health centres due to difficulties in accessing our hospital; 247 patients (94%) were selected for regular appointments and interviews in the telepharmacy consultation every 3, 6 or 12 months. At the time of the consultation, 5.70% (n=15) of the patients could not be contacted. The average telepharmacy time was 12h/month with an average of 15 minutes per patient.

In 86 (32.8%) patients a medication-related problem (MRP) was detected: 23.2% occurrence of adverse effects, 22.4% dispensing errors, 9.6% prescription errors, 8.0% insufficiently treated health problems, 7.2% poor adherence to treatment, 4% incorrect administration of medication, 0.8% inadequate storage of medication, 24.8% other.
Conclusion and Relevance Telepharmacy involves improving adherence to treatment and its monitoring, detection of pharmacological interactions or side effects. Telepharmacy allows achieving internal optimisation of resource management and care burden and improves accessibility to health services for patients, by reducing trips to hospital, time and resource consumption. Telepharmacy guarantees a continuous, patient-centred care model.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-050 ANALYSIS OF REAL-LIFE USE OF IBRUTINIB AFTER RELAPSE TO CONVENTIONAL CHEMOTHERAPY IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA

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Background and Importance Ibrutinib has revolutionised the treatment of chronic lymphocytic leukaemia (CLL). Clinical trial data showed similar survival between patients randomised to ibrutinib or chemoimmunotherapy with crossover to ibrutinib at progression.
Aim and Objectives Outcome analysis of the real-life use of ibrutinib after relapse to conventional chemotherapy in patients with chronic lymphocytic leukaemia.
Material and Methods Observational retrospective study of patients treated with ibrutinib as second line from 2017 to the present at a tertiary level hospital. Clinical variables: sex, age, diagnosis date, comorbidities, Eastern Cooperative Oncology Group scale (ECOG), Binet Staging System, cytogenetics (mutation TP53, immunoglobulin heavy-chain variable region gene (IGHV), chromosome delection (11, 13, 12 and 17), treatment, duration, response (complete, partial) and relapse, progression-free survival (PFS), adverse effects, dose modification or discontinuation. Data was obtained from electronic prescription with the application Prisma® and electronic health records with Diraya®.
Results 31 patients were treated with ibrutinib (18 patients as second line and 13 as third). Median age 71 years (IQR 65-78), 51.6% male. Median age of diagnosis 2012 (IQR 2008-2014). 29.5% of patients had previous hypertension, 23.6% kidney disease, 17.3% diabetes mellitus, 11.8% cardiac diseases and 5.5% respiratory pathologies. 41% of patients had Binet Staging A, 28.4% B and 5.8% C. All patients had ECOG 0. TP53 mutated in 16 patients, 15 with unmutated IGHV, 24 with 11q negative and 18 with 13q and 17q negative. Treatments used as first line were chlorambucil (9), fludarabine, cyclophosphamide and rituximab (7), bendamustine and rituximab (5). 14 patients achieved complete response, 4 partial and 7 discontinued due to toxicity. PFS 19.17 months. As second line in patients without ibrutinib, the most frequent treatment was bendamustine with rituximab (50%). All except one started with 420 mg dose. Median duration of treatment was 32 months. 11 patients reduced dose due to toxicity (66.6% diarrhoea, 16.6% renal failure and skin toxicity), 7 suspended indefinitely due to cardiac toxicity and 4 temporarily due to cardiac and gastrointestinal toxicity. 4 patients died from causes other than the disease. No patient lost response to treatment.
Conclusion and Relevance Treatment with ibrutinib proved effectiveness as second or third line in CLL. However, adverse effects require dose adjustments and sometimes discontinuation.

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4CPS-051 IMPACT OF THE NEW ANTIEPILEPTIC DRUG MONITORING PROGRAMME ON THE ACTIVITY OF THE PHARMACY AND NEUROLOGY DEPARTMENTS

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Background and Importance In 2016 therapeutic drug monitoring programme (TDMP) began for new anticonvulsant drugs