## 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.

### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

## 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

(NAD) for inpatients and outpatients at our hospital. Weekly multidisciplinary meetings were held to revise out-of-range trough drug levels (TDL) on epileptic outpatients, and to make early drug adjustment interventions (EDAI) before their scheduled clinical follow-up.

**Aim and Objectives** To evaluate the impact of NAD TDMP on the activity of the Pharmacy and Neurology departments.

**Material and Methods**

**Inpatients** Quantification of pharmacokinetic interventions (PI) and patients monitored between 2016-2021.

**Outpatients** Activity analysis between July 2017 and May 2019: TDL revision, patients monitored and number of EDAI made. TDL and EDAI percentage calculation for each drug.

**Results**

**Inpatients** Anticonvulsant drug PI were 56% of all PI (6.067 of 10.910) during the study period. PI of classic anticonvulsant drugs (CAD) decreased from 934 in 2016 to 348 in 2021 (63%). In 2021 the percentage of PI of NAD and CAD were 27% and 16% (602 and 348 out of 2.209) respectively. Levetiracetam and Lacosamide accounted for 63% (380) and 27% (163) of all monitored NAD. Regarding CAD monitoring Valproate was the most 86% (299) and Fenitoin the least 4% (15) monitored.

**Outpatients** 1.096 TDL out of 2.324 ordered were revised (47%) which belonged to 424 patients of a total of 877 monitored (48%). 273 TDL (25%) led to an EDAI, which affected 196 patients, that is 46% of revised patients and 22% of all monitored patients. Most EDAI supposed an increase or reduction of dosage, 51% and 34% (139 and 92 out of 273) respectively. Levetiracetam, Perampanel and Lacosamide were the most monitored NAD: 26% (286), 13% (145) and 10% (110) respectively, and the most EDAI-prone: 29% (79), 27% (73) and 11% (29) respectively.

**Conclusion and Relevance** Inclusion of outpatients to TDMP allowed early drug adjustment of almost half of the revised patients.

The creation of a multidisciplinary team that includes pharmacists and neurologists with a focus on active monitoring of NAD TDL might be significant to better care for epileptic outpatients.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest

## 4CPS-052 LONG-TERM MONITORING OF UREA AS TREATMENT FOR HYPONATREMIA ASSOCIATED TO INADEQUATE SECRETION OF ANTIDIURETIC HORMONE (ISADH)

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**Background and Importance** Normal blood sodium levels (BSL) is between 136-145 mEq/L. ISADH courses with hyponatremia, plasmatic hypoosmolality, high urine osmolality, and high natriuresis. Available drugs are demeclocycline and lithium, both nephrotoxic, and vasopressin receptor inhibitors, such as tolvaptan, which are effective but highly costly.

**Aim and Objectives** To describe the experience of use of urea as an alternative for treatment of ISADH and results monitored one year after treatment.

**Material and Methods** Retrospective observational study in which patients treated with urea (powder for oral solution) were analysed along two years (January 2020-December 2021) and one year after treatment. Data collection of: age, sex, quantification of BSL (at admission, during urea therapy, 60 days after drug administration and one year after treatment), initial therapy, duration of urea treatment and need of tolvaptan use.

**Results** Total of patients was 11. Mean age was 82 years (71-94 years). 45% were women. Average duration of treatment was 15 days (3-60 days). Initial therapy was hypertonic saline solution, water restriction and/or loop diuretics or potassium sparing agents. Only one patient did not tolerate urea. Dosage was variable: in 54% was 15 g daily, 27% 15 g bid and 18% 30 g daily.

Patients were classified according to initial hyponatremia: 27% had mild hyponatremia (130-135 mEq/L), 45% moderate (125-129 mEq/L), and 27% severe (<125 mEq/L).

**Results were**

**-Mild hyponatremia** 66% recovered BSL, while 33% remained mildly hyponatraemic.

-Moderate hyponatraemia, 60% normalised BSL and 20% worsened to severe hyponatraemia. 20% did not analised.

-Severe hyponatremia, 66% normalised BSL. 33% did not have analytical control.

45% of patients achieved BSL once treatment ended. 27% required treatment with tolvaptan 15 mg daily.

50% of patients with urea as monotherapy maintained BSL 60 days after finishing treatment and 81.8% kept normal BSL after one year of treatment. Just 9% is still in treatment.

**Conclusion and Relevance** Most clinical guidelines contemplate urea as an option for hyponatremia for ISADH, but it is not clear its preference respect other alternatives. Urea is shown to be a safe and moderately effective option, and also, more effective.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest

## 4CPS-053 KOUNIS SYNDROME SECONDARY TO METAMIZOLE: A CASE REPORT

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**Background and Importance** Kounis syndrome (KS) is an acute coronary syndrome (ACS) triggered by mast cell and platelet activation in the context of anaphylactic reactions. The diagnosis of KS requires a high index of suspicion and should be considered in patients presenting with ACS, plus other associated symptoms such as pruritus, rash, urticaria or angioedema, shortly after administration of a new drug or possible allergic stimulus.

**Aim and Objectives** To determine the contribution of pharmacist in allergic reactions.

**Material and Methods** A 75-year-old patient was admitted to a regional hospital for scheduled surgery for anterior rectus dehiscence. During surgery, coinciding with the administration of metamizole, he presented hypotension, tachycardia and decreased oxygen saturation, so the infusion of this drug was