nephrology (5( 5.2%)), internal medicine (2( 2.1%)), pneumology (1( 1.1%)), coronary unit (1( 1.1%)).

An exponential increase was observed among OL and CU during the study period (requests/year: 8/2017, 12/2018, 14/2019, 21/2020, 40/2021; y=5.2269e0.3778x, R2=0.9559).

The main growth was observed in dermatology (y=1.99e0.4277x, R2=0.768) and digestology (y=1.5x-0,5, R2=0.9375).

Indications requested by dermatology: atopic dermatitis (15 (31.3%)), hidradenitis suppurativa (8 (16.7%)) folliculitis decalvans (4 ( 8.3%)), others (21 (43.8%)).

Drugs requested by dermatology: dupilumab (15 (31.3%)), ustekinumab (5 (10.4%)), tofacitinib (4( 8.3%)), mogamulizumab (4 (8.3%)), adalimumab (4 (8.3%)), secukinumab (3 (6.3%)), rituximab (3 (6.3%)), infliximab (2 (4.2%)) and others (8 (16.7%)).

Indications requested by digestology: ulcerative colitis (13 (65.0%)), Crohn's disease (4 (20.0%)), collagenous colitis (3 (15.0%)).

Drugs requested by dermatology: ustekinumab (13 (65.0%)), tofacitinib (4 (20.0%)), vedolizumab (2 (10.0%)), infliximab 1 (5.0%)).

**Conclusion and Relevance**

- Dermatology performed half of requests, specially in atopic dermatitis and hidradenitis suppurativa, which have obtained more evidence on their treatment last years.
- The exponential increase on number of requests in special situations, specially off-label ones, reveals the need to increase the resources assigned to evaluation committees.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest

## 4CPS-099 NINTEDANIB AND PIRFENIDONE IN IDIOPATHIC PULMONARY FIBROSIS: COMPARATIVE EFFECTIVENESS AND SAFETY IN A THIRD-LEVEL HOSPITAL

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**Background and Importance** Idiopathic pulmonary fibrosis (IPF) is a chronic and progressive disease characterised by a bad prognosis. The only available pharmacological treatments are two antifibrotic drugs, pirfenidone and nintedanib, which slow down the development of the disease but have an unfavourable safety profile, with a high incidence of adverse effects.

**Aim and Objectives** To compare the effectiveness and safety of the two available antifibrotic drugs, nintedanib and pirfenidone, used as treatment of idiopathic pulmonary fibrosis.

**Material and Methods** Retrospective, observational and descriptive study of all the patients diagnosed with idiopathic pulmonary fibrosis treated with pirfenidone or nintedanib between January 2014 and February 2022. The collected variables were: age, sex, forced vital capacity (FVC), duration of treatment, adverse effects (AE) and grade, and survival. Patient confidentiality was preserved throughout the data gathering.

**Results** 41 patients, 30 of them men, were included. 24 treated with nintedanib and 17 with pirfenidone, both groups had a median age of 73 years old (range 54-89).

Average difference from basal FVC was +4,82% at 6 months, + 1,85% at 12m, +1,85% at 16m and -6,25% at 24m with nintedanib and +2,4% at 6m, -5,5% at 12m, -5,5% at 16m and -18,5% at 24m with pirfenidone.

Median duration of treatment was 26 months with nintedanib and 45 months with pirfenidone. Overall survival was 65 months (CI 95% 57.5-73.9) on average for nintedanib and 33 months (CI 95% 23.4-42.5) for pirfenidone (log-rank p=0.009).

Treatment was poorly tolerated, with a high incidence of AE (nintedanib: no AE: 21%, G1: 4%, G2: 42%, G3: 29%, G4: 4%; pirfenidone no AE: 53%, G1: 12%, G2: 29%, G3: 6%). Most frequent AE was gastrointestinal reactions in 17 (71%) with nintedanib and 6 (35%) with pirfenidone, followed by headache in 3 (13%) with nintedanib and 4 (24%) with pirfenidone, hepatic enzyme alteration in 5 (21%) with nintedanib, dermatological 4 (17%) nintedanib, renal toxicity in 2 (8%) with nintedanib, haematological 1 (4%) with nintedanib.

AE caused the discontinuation of treatment in 11 (46%) patients with nintedanib and in 4 (24%) with pirfenidone.

**Conclusion and Relevance** Nintedanib was significantly more effective in terms of overall survival, with a slower decrease in FVC, although presented worse tolerance than pirfenidone, as treatment of IPF.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest

## 4CPS-100 VALIDITY, RELIABILITY AND USER-PRACTICABILITY OF A CLASSIFICATION TOOL FOR DRUG-RELATED PROBLEMS AND PHARMACIST INTERVENTIONS WITHIN AN UPPER AUSTRIAN HOSPITAL TRUST

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**Background and Importance** In order to fully capture the contribution of clinical pharmacists to pharmacotherapy, a standardised and validated classification tool for drug-related problems (DRP) and pharmacist interventions (PI) is essential for both research purposes and management tasks. Such an instrument is not yet available in Austria. Therefore, the documentation system, 'DokuTool', has been developed by an Upper Austria hospital trust following the expansion of its clinical pharmacy services.

**Aim and Objectives** This study aimed to assess the reliability, validity and user-practicability of the classification system, 'DokuTool', within an Upper Austrian hospital trust.

**Material and Methods** Two-phase quantitative methodology: 1) Twenty-nine clinical pharmacists classified 24 sample cases with 'DokuTool'. Inter-rater and test-retest reliability was determined using the kappa statistic. Validity was determined by correlating the individual ratings with a gold standard (majority vote of experts) using contingency coefficient. 2) User-practicability was assessed by an online survey using a 5-point Likert scale.

**Results** 'DokuTool' achieved moderate agreement in the inter-rater reliability test of the two main categories 'Type of DRP'