

**4CPS-131 SOCIAL FUNCTION OF THE TELEPHARMACY: A SOCIOECONOMIC ANALYSIS**

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**Background and Importance** remote medication delivery systems (telepharmacy) are increasingly used by hospitals nowadays. In our hospital an inclusion and interruption protocol is used, in order to ensure correct pharmaceutical care, safe and traceable distribution and dispensing of medications. Since its implementation, a progressive increase in the number of telepharmacy requests has been observed. Despite this, it is still unknown which kind of patients would benefit the most with this system.

**Aim and Objectives** to conduct a socioeconomic analysis of medication delivery requests to outpatients in a telepharmacy programme.

**Material and Methods** retrospective observational study from February 1 to May 31, 2022. We analysed whether the average income or the distance to the hospital in each locality of the patients influenced the number of telepharmacy requests by performing two dispersion maps of requests: a map of the province with the number of telepharmacy requests of each locality per total inhabitants and a second map of the province with the average per capita income of each locality.

**Results** 2,842 patients were included with 14,833 total requests. According to the map of requests frequency dispersion, there was no relationship between the volume of requests for telepharmacy and the distance to the hospital. Some of the most distant areas showed fewer applications, while areas close to the hospital, were among the locations with most applications per inhabitant. As shown in the map of average income per capita, we found a relationship between the number of requests from each locality and its average income. The eastern zone of the province, which highest incomes, had fewer applications per inhabitant, while more applications tended to be associated with the western zone, which has lower incomes. This relationship was not absolute in all localities, although there was a general trend. Exceptions were areas such as Bellavista and Sanlúcar de Gadiana, with high incomes but many applications.

**Conclusion and Relevance** telepharmacy performs a social function by facilitating access to medication for the population with fewer economic resources.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest

**4CPS-132 ANALYSIS OF PHARMACEUTICAL INTERVENTIONS REGARDING ADMISSION RECONCILIATION**

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**Background and Importance** Medication reconciliation (MR) is a pharmaceutical activity that aims to resolve errors that occur in the continuation of chronic treatment at the transition

among different levels of Healthcare Systems and that increase patient morbidity and mortality.

**Aim and Objectives** To analyse the MR activity on admission by the Pharmacy Service of a second level hospital to determine its usefulness as a method for preventing medication errors.

**Material and Methods** Retrospective descriptive observational study (January 2022-July 2022) of the pharmaceutical interventions (PI) reviewed in relation to MR. The variables studied were: clinical service, pharmacotherapeutic group, type of error and acceptance. We used the programme of electronic medical record MambrinoXXI® for reviewing chronic treatments and the pharmaceutical validation programme Farnatools®.

**Results** In this period of time, 12,946 admissions were validated and 658 PI about MR were performed on a total of 516 patients. The clinical services with more PI were: Internal Medicine (N=287, 43.62%), General and Digestive Surgery (N=78, 11.85%), Digestive (N=57, 8.66%) and Neurology (N=40, 6.08%). The most frequent type of reconciliation error was: omission (N=523, 79.48%), followed by change of dosage regimen (N=114, 17.33%). The pharmacotherapeutic groups with most PI were: lipid-lowering agents (N=75, 11.40%), antihypertensives (N=69, 10.49%), antidepressants (N=66, 10.03%), urological drugs (N=53, 8.06%) and inhaled antiasthmatics (N=30, 4.56%). The acceptance rate was: 43.92% (N=289), 24.31% non-accepted (N=160) and 31.76% non-evaluable (N=209). Excluding non-evaluable results, the acceptance rate was 64.37%.

**Conclusion and Relevance** Although less than half of the PI were accepted, the role of the pharmacist in MR is useful. This activity could be optimised by the presence of the pharmacist both in the emergency department and on the hospitalisation unit, as well as by implementing actions such as patient interviews. The detection of the main clinical services and pharmacological groups requiring this type of intervention would make it possible to prioritise MR criteria and create protocols in order to improve the patient safety and reduce the proportion of non-evaluable results.

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**4CPS-133 SAFETY AND EFFECTIVENESS OF GUSELKUMAB ON MODERATE TO SEVERE PLAQUE PSORIASIS**

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**Background and Importance** Psoriasis is a chronic inflammatory disease associated with various comorbidities, which requires multidisciplinary treatment. In recent years, anti-IL-23 drugs have emerged as a new therapeutic option for plaque psoriasis.

**Aim and Objectives** To evaluate safety and effectiveness of guselkumab in moderate to severe plaque psoriasis.

**Material and Methods** Multicentric, observational and retrospective study of patients diagnosed with moderate to severe plaque psoriasis. Study period of data collection was June 2021-June 2022, active patients in treatment and patients starting treatment. The anthropometric data were age, sex,