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 Guadiana, 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 Farmatools®.

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 hospitalation 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,

and previous biological treatments. The effectiveness variables are affected body surface area (BSA) and psoriasis area severity index (PASI) AND 90% PASI clearance (PASI90) collected at baseline, and next visits with dermatologist. The main tools used: Diraya© for the clinical history, Modulab© for laboratory values and Excel© for anonymised data recording. The information was collected according to data minimisation policy, article 5.1 of data protection.

Results 49 patients (29 men) included with a mean age of 50.9 years. The main biologic pre-treatments were etanercept (31), adalimumab (11), secukinumab (9) and ustekinumab (9). Averaged pre-treatment BSA (13,6 ± 10.27 SD) and PASI (9.7 ± 6.68 SD). Next dermatologist's control at 5 months 43 patients averaged BSA (3.9 ± 9.27 SD) and PASI (2.9 ± 4.17 SD). PASI90 was reached by 48.8% of patients. There were four treatment discontinuities during this period (1 due to lack of adherence, 1 due to primary failure, 1 due to secondary failure and 1 due to toxicity). At 10 months 25 patients averaged BSA (1.8 ± 3.28 SD), PASI (1.8 ± 3.30 SD), and PASI90 was reached by 72%. 3 treatment discontinuities in this period (1 due to gestational desire and 2 due to secondary failure). At 18 months 15 patients averaged BSA (0.9 ± 1.55 SD) and PASI (0.5 ± 0.91 SD). PASI 90 was reached by 73%. Patients not counted had not gone to dermatology control yet when our analysis were made.

Safety: One patient had to stop treatment due to strong diarrhoeas after each dose.

Conclusion and Relevance According to the results obtained, it is possible to evaluate guselkumab as an effective and safe alternative in the treatment of moderate to severe psoriasis resistant to conventional treatments.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-136 STANDARD FIRST DAY OF LIFE CENTRAL PARENTERAL NUTRITION, EXPERIENCE IN REAL CLINICAL PRACTICE

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Background and Importance Standard parenteral nutrition (PN) solutions should generally be used over individualised PN solutions in the majority of paediatric and newborn patients, including very-low-birth-weight premature infants,[1] starting as soon as possible and within 8h at the latest.[2] In 2021 our Paediatric and Pharmacy Departments designed a standard central PN (CPN) to have ready to use, in order to meet the nutritional needs of most newborn patients in their first day of life.

Aim and Objectives Evaluate the use of the standard first day of life CPN and describe clinical data of patients and the time frame for its start.

Material and Methods Observational, retrospective and longitudinal study conducted between March 2022 and September 2022 in a tertiary hospital. A database was designed to record all prepared CPN, their use and data of patients who received them.

Results 55 CPN were prepared and 32 (58.2%) were administered. 31 newborn required PN and 100% received the standard first day of life CPN, 18 (58.1%) patients were female, the mean gestational age was 28.5 weeks, the mean weight was 1138.2g and 12 (38.7%) were multiple pregnancies. The indication of PN was: 23 (74.2%) preterm infants born <32.0 weeks with birth weight <1500g, 4 (12.9%) preterm babies born >32.0 weeks with <1500g and 4 (12.9%) patients born <32.0 weeks with birth weight >1500g. The mean time to start CPN was 6:01h (range 1:13-22:54h), 26 (83.9%) babies initiated within 8h at the latest and 5 (16.1%) patients after 8h of life (3 due to a lack of central line, 1 lack of 2 ready to use CPN for twins and 1 delayed prescription). 30 patients (96.8%) started trophic feeding with breast milk (maternal or bank) within the first 24h of life.

Conclusion and Relevance Standard first day of life CPN ready to use has considerably reduced the time to start PN in newborn patients. However, CPN was initiated after 8h of life in 5 patients (mostly due to a lack of central line). Standard first day of life CPN met the nutritional requirements of all newborn requiring PN, not needing to produce individually tailored CPN in any case.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-137 EVALUATING THE POTENTIAL CLINICAL AND ECONOMIC IMPACT OF CHEMOTHERAPY PRESCRIBING BY PHARMACISTS AT A UNIVERSITY TEACHING HOSPITAL

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Background and Importance Chemotherapy prescribing errors represent a potentially serious risk of causing patient harm. Whilst pharmacist prescribing has a well-established role in many clinical settings worldwide and has been shown to be effective, there is a paucity of research on pharmacist prescribing chemotherapy.

Aim and Objectives Assess the potential clinical and economic impact of pharmacist prescribing versus medical prescribing of chemotherapy (including supportive medicines) at a university teaching hospital.

Quantify the error rate in pharmacist- and doctor-prescribed chemotherapy prescriptions.

Classify prescribing errors according to the Pharmaceutical Care Network Europe (PCNE) classification framework for drug-related problems (DRPs).

Assess the potential severity of prescribing errors made by the pharmacists and doctors using a validated tool and peer review panel.

Evaluate the time taken for the chemotherapy prescribing process by doctors and pharmacists and assign costs to these times. Estimate the cost of the provision of a pharmacist prescribing service in comparison to the doctor prescribing practice.