Material and Methods This was a comparative, prospective study that examined the same set of 155 prescriptions prepared by both doctors and pharmacists for the same set of patients. The potential severity and adverse drug event (ADE) probability associated with the prescribing errors was assessed using a validated tool and peer review panel. The cost avoidance associated with the provision of pharmacist prescribing was also determined.

Results In the comparative sample of 155 prescriptions, doctors made significantly more errors (105 in 40.6% of prescriptions) than pharmacists (23 in 14.8% of prescriptions); $p<0.05$. None of the pharmacists' errors were classified as 'severe', whilst 16.7% of doctors' errors were 'severe' ($n=17$). Regarding cost avoidance, a potential yearly net cost benefit of € 1,254,347.72 and a cost-benefit ratio of € 41.82 was calculated for the provision of a pharmacist chemotherapy prescribing service.

Conclusion and Relevance This study has shown that having pharmacists prescribing – and better using their expert skillset – results in fewer chemotherapy prescribing errors. While this minimises healthcare professionals' workload as well as any potential delays for patients to receive chemotherapy, pharmacist prescribing most importantly improves patient safety, and therefore this is ultimately why this initiative should be considered for implementation in cancer care services on a much wider scale in future.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-138 USE OF SODIUM ZIRCONIUM CYCLOSILICATE IN HYPERKALAEMIC EMERGENCIES

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Background and Importance Hyperkalaemia (K>5.5 mEq/L) is an electrolyte alteration that can determine fatal clinical complications, the most serious being cardiovascular and muscular. Sodium zirconium cyclosilicate binds potassium throughout the gastrointestinal tract reducing serum potassium levels and increasing faecal excretion to resolve hyperkalaemia.

Aim and Objectives Analysis of the effectiveness of sodium zirconium cyclosilicate (SZC, Lokelma®) for the treatment of hyperkalaemia in patients treated in hospital emergency or in different hospitalisation units in the first 48 hours.

Material and Methods One-year retrospective and observational study was carried, including patients treated in hospital emergency or admitted with initial potassium levels ≥5.5 mEq/L who received SZC. The SZC regimen was 10 g every 8 h orally. Serum potassium concentrations were considered normal with values between 3.3-5.1 mEq/L. The variables collected were age, sex, diagnosis of heart failure, serum potassium concentrations (at 0, 24, and 48 hours after starting treatment with SZC), the reason for hyperkalaemia, glomerular filtration rate (GFR, estimated with CKD-EPI formula), concomitant drugs that could influence the hyperkalaemia.

Results 66 patients (63% men) with a median age of 79 years (41-97) were included. Heart failure was diagnosed in 27 patients (41.0%). The GFR was <60 ml/min/1.73 m2 in 61 patients (92.0%) and <30 ml/min/1.73 m2 in 41 (62.0%). The causes of hyperkalaemia were: chronic kidney disease (CKD) (47.0%, N=31), acute kidney disease (AKD) (39.4%, N=26), iatrogenic (7.6%, N=5) and other causes (6.0%, N=4). The drugs contributing to hyperkalaemia were angiotensin-receptor blockers (41.0%, N=27), aldosterone antagonists (28.8%, N=19), non-steroidal anti-inflammatory drug (24.2%, N=16), and angiotensin-converting enzyme inhibitors (16.7%, N=11).

Initial serum potassium concentration mean was 6.4 mEq/L (5.5-8.2), being >7.5 mEq/L in 21 patients (32.0%). Mean reduction in potassium concentrations at 24 hours was 14.1% (N=22) and 22.5% (N=21) at 48 hours. 24 hours after starting treatment with SZC, potassium concentrations were normalised in 33.3% (N=22) of patients and in 31.8% (N=21) after 48 hours.

Conclusion and Relevance Hyperkalaemic emergencies are fundamentally associated with patients with AKD, CKD and in concomitant treatment with drugs inducing hyperkalaemia. SZC treatment is an alternative to be considered in patients with hyperkalaemic emergencies, contributing to the normalisation of serum potassium levels in first 24-48 hours after starting treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-139 THE PHARMACEUTICAL NEWSLETTER AS AN INFORMATION TOOL: USEFUL OR FUTILE?

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Background and Importance Since July 2007, pharmaceutical team writes a monthly pharmaceutical newsletter (PN) to hospital staff (HS). It contains information about drugs or medical devices (pharmaceutical news, reminders of appropriate use, etc.). It is currently sent to health managers and HS by e-mail and is accessible on the hospital web portal. However, since its implementation, no study has been carried out concerning the adherence of HS to this tool.

Aim and Objectives The aim is to assess the adherence of HS to the PN and to propose areas of improvement.

Material and Methods We developed two surveys in digital and paper format: one for the health managers and the other for the readers of the PN. The survey for the managers was first sent to them to find out how they circulated the PN to the staff in their units. Units for which managerial responses had not been collected were excluded. The survey was conduct in September 2022 by two pharmacy interns.

Results 16 health managers responded to the survey: 100% read the PN, 81% distributed it (85% posted it in the department and 15% by e-mail).

123 readers (including 40% of nurses, 20% of nursing assistants, 15% of doctors) from 20 departments responded to the survey. 68% of HS read the PN: 20% consulted it by e-mail, 30% read it on the hospital web portal, 34% read it displayed in the unit and 5% read it at the pharmacy. 75% find it useful, 83% are satisfied with its content, 83% with its presentation and 63% with the distribution channel. Finally, 48% of readers would like the PN to be displayed in their

units, 40% would like it to be sent by email and 15% would like a dedicated website.

Conclusion and Relevance The majority of HS support the PN, find it useful and appreciate its content and presentation. Part of the HS did not know the PN, which shows that the distribution method needed to be improved. We have therefore updated the mailing list. This survey has enabled us to highlight the satisfaction with the HN and improve its distribution.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-141 PHARMACEUTICAL INTERVENTIONS IN A MEDICAL EMERGENCY DEPARTMENT: 6-MONTHS EXPERIENCE

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Background and Importance Medication errors are a major global public health problem that requires a very important approach and collaborative work between physicians, pharmacists and nurses. Pharmaceutical interventions (PI) are an effective way to fight drug iatrogeny.

Aim and Objectives The objective of the study was to analyse pharmaceutical interventions and their impact on patients hospitalised in a medical emergency department

Material and Methods This is a retrospective study conducted in a medical emergency department of the Ibn Sina Hospital in Rabat over a period of 6 months. Prescriptions were analysed and validated according to the methodology of the French Society of Clinical Pharmacy (SFPC). The relevance of the PIs was assessed by their acceptance rate by the prescribers and their clinical impact was evaluated according to the Hatoum scale.

Results A total of 158 Pharmaceutical interventions were recorded over six months. Of these, 98% were accepted by the prescriber. The sex ratio (male/female) was 1.35. The average age of our patients was 56.06 ± 15.81 years. 86 PIs (55%) concerned an antibiotic. The main prescription problems were overdose (29%). Our interventions concerned dosage adjustment (32.27%), optimisation of administration modalities (22.15%).

Conclusion and Relevance This study highlights the importance of the clinical pharmacist in the fight against drug iatrogeny.

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4CPS-142 EVALUATION OF PREMEDICATION USE IN ADVERSE DRUG REACTIONS OCCURRENCE IN PATIENTS WHO RECEIVED INFLIXIMAB TO TREAT INFLAMMATORY BOWEL DISEASE

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Background and Importance Infliximab can cause infusion-related reactions like delayed hypersensitivity or anaphylactic shock. Using corticosteroids or antihistamines as premedication can reduce adverse drug reactions (ADRs) frequency.

Aim and Objectives To evaluate premedication impact on ADRs occurrence in patients with inflammatory bowel disease (IBD) who received infliximab.

Material and Methods Retrospective observational study in patients with IBD who received intravenous infliximab from January 2016 to December 2020. The variables collected were: demographic (age, sex), clinical (type of inflammatory bowel disease, Harvey index Bradshaw in Crohn's disease, Mayo index in ulcerative colitis), premedication used (type of drug and number of administrations), number of infliximab administrations and the ADRs characteristics. For the statistical analysis, mean, standard deviation and absolute risk were used.

Results 119 patients were included with an average age of 46 ± 17 years and 42% women. 42 patients had ulcerative colitis, 74 patients had Crohn's disease, and 3 patients had indeterminate colitis. In the base line study, patients with Crohn's disease had Harvey score mean of 7.1 ± 3.7 and patients with ulcerative colitis had partial Mayo score mean of 3.7 ± 2.3. A total of 1909 infliximab infusions were administrated and premedication was used in 1185 administration in 80 patients. Premedication was administrated in 21.2% (n=17) during induction phase, in 32.5% (n=26) during maintenance phase, and in 46.3% (n=37) during both phases. Glucocorticoids were used as a premedication in 97.5% of cases.

25 ADRs were recorded in 21 patients. The patients (n=17) who received premedication had 21 ADRs and an absolute risk of 10.3% (CI95, 0.7%-19.8%). In the other group, the patients who did not receive premedication had 4 ADRs (n=4) and an absolute risk of 21.3% (CI95, 12.3%-30.2%). 44% of ADRs occurred in induction phase and 56% in maintenance phase. The main symptoms of ADRS registered were skin manifestations (n=16), cardiovascular (n=6) and respiratory symptoms (n=3).

Conclusion and Relevance No lower absolute ADR risk were observed in patients who received premedication compared to patients who did not receive premedication. More studies are needed in order to evaluate the impact of premedication on ADRs occurrence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest