

4CPS-149 PAIN MANAGEMENT IN MENTAL HEALTH

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Background and Importance In health institutions, pain management is an obligation from diagnosis to treatment. However, in mental health, it is difficult to treat it because psychiatric diseases may alter the perception of the pain and there are drug interactions (DI) between psychotropic drugs and analgesics.

Aim and Objectives The aim of the study is to find guidelines on pain management in psychiatry and review the current state of analgesic prescriptions in our psychiatric units.

Material and Methods A bibliographic search on pain management in psychiatry was carried out and an observational audit of analgesic prescriptions was done, at a given day, in the five psychiatric units of our establishment.

Data are expressed as average +/- standard deviation and results as percent.

Results The bibliographic search offers pain assessment scales in psychiatry even if they are not specific to this population. Nevertheless, there is not any consensus on the therapeutic pain management in mental health, neither at national nor international level.

The day of the audit, on 88 patients, 47 (53%) were treated with analgesics. These patients were 50 +/- 17 years old and the sex-ratio was 1.04.

Fifty prescription lines for analgesics were identified. The main molecules found were : paracetamol, prescribed alone on 42 prescriptions (90%), and tramadol, alone on 2 prescriptions (4%) or co-prescribed with paracetamol on 2 prescriptions (4%). One prescription (2%) included paracetamol/opium + ibuprofen.

Of all the painkillers, 90% were prescribed conditionally, including 79% 'if needed/pain'; 14% 'if Analog Visual Scale > 3, temperature > 38°C'; 7% 'if Analog Visual Scale > 3'.

A DI analysis has been performed between analgesics/psychotropics and a single prescription with an association not recommended (tramadol/paroxetine with risk of inefficiency of tramadol due to metabolic inhibition) was found. The absence of contraindication can be explained by the pharmaceutical analysis of the prescriptions.

Conclusion and Relevance Following this audit, a cross-referenced table of existing DI between analgesics/psychotropics was made and alternative treatment in case of DI was proposed. These works, and also reminders of the scales that can be used in psychiatry to assess pain and the possibilities of treatment according to the mental disorder, were presented to psychiatrists during a session to facilitate their pain management.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-150 THE ROLE OF CLINICAL PHARMACIST IN EMERGENCY DEPARTMENT

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Background and Importance Pharmacist role in the emergency department (ED) has expanded over the last decades. However, there is limited published literature related to the interventions carried out in these units.

Aim and Objectives To perform a descriptive analysis of pharmaceutical interventions (PI) in ED, their acceptance rate, the main prescribing errors (PE) detected and the main Anatomical Therapeutic Chemical (ATC) groups involved.

Material and Methods A retrospective multicentric study was performed in the ED of a secondary and a tertiary hospital that serve about 685.000 total inhabitants with an overall of 228.550 emergency attendances per year. PI and PE were documented from Monday to Friday over a 4-hour period between June-September 2022. Dosage and frequency adjustment, formulary and drug modification, medication initiation and discontinuation, and pharmacokinetic monitoring were the PI included. PE were divided into three groups: lack of efficacy, potential safety problem or necessary/unnecessary treatment.

Results Out of 857 interventions registered, 40.4% were related to dosage adjustment; 32.0% medication initiation; 16.0% medication discontinuation; 5.6% drug modification; 3.5% pharmacokinetic monitoring; 1.5% frequency adjustment and 1.1% formulary interchange. Regarding PI, 71.9% were accepted, 21.9% were rejected and 6.2% were not evaluated because patients were discharged or dead. As for PE, 37.8% were related to necessary/unnecessary treatment, 32.6% potential safety problem and 29.6% to a lack of efficacy. The PE detected were reconciliation discrepancies (39.7%), underdose (21.4%), overdose (19.0%), duplicities (4.9%), contraindications (3.3%), adverse drug events (1.5%) and interactions (0.9%). The main ATC Groups involved were blood and blood forming organs (B) (21.7%), anti-infective for systemic use (J) (21.7%), cardiovascular system (C) (20.9%) and nervous system (N) (18.1%).

Conclusion and Relevance Dosage adjustments and drug therapy initiation were the most common documented interventions. More than half of PI were accepted. The most frequent PE were related to necessary/unnecessary treatment. The majority observed PE were reconciliation discrepancies. The main ATC groups involved were B, J and C. The great number of interventions and the high rate of acceptance seems to show that ED pharmacist, as a member of a multidisciplinary patient care team, is able to decrease the number of medicine errors and to improve the quality and safety of medical care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Thank you all.

Conflict of Interest No conflict of interest

4CPS-151 ACETYSALICYLIC ACID DESENSITISATION IN PATIENTS WITH CORONARY ARTERY SYNDROME: LITERATURE REVIEW, RETROSPECTIVE ANALYSIS AND PATIENT FOLLOW-UP PROCEDURE IN AN ITALIAN CARDIOLOGICAL CENTRE

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Background and Importance Desensitisation protocols for the treatment of hypersensitivity to acetylsalicylic acid (ASA)