4CPS-149 PAIN MANAGEMENT IN MENTAL HEALTH

A Chachulski*, C Niot, L Soubelet, L Real. *Centre Hospitalier D'arras, Pas de Calais, Arras, France*

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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

[1]L López-Vinardell*, [1]R Merino-Mendez, [2]J Ruiz, [2]A Juanes, [2]C Socias-Cañellas, [1]M Bitlloch, [3]M Puig-Campmany, [1]L Campins. *[1]Hospital de Mataró Consorci Sanitari Del Maresme, Pharmacy, Mataró, Spain; [2]Hospital de la Santa Creu I Sant Pau, Pharmacy, Barcelona, Spain; [3]Hospital de la Santa Creu I Sant Pau, Emergency Department, Barcelona, Spain*

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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 ACETYLSALICYLIC ACID DESENSITISATION IN PATIENTS WITH CORONARY ARTERY SYNDROME: LITERATURE REVIEW, RETROSPECTIVE ANALYSIS AND PATIENT FOLLOW-UP PROCEDURE IN AN IIALIAN CARDIOLOGICAL CENTRE

[1]A Iezzi*, [1]V Teso, [2]D Pinalli, [1]S Zitelli, [1]G Ballardini, [1]B Tebaldini, [1]E Omodeo Salè. *[1]Centro Cardiologico Monzino, Servizio Di Farmacia Ospedaliera, Milano, Italy; [2]Università Degli Studi Di Pavia, Corso Di Laurea In Farmacia, Pavia, Italy*

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

consist in the administration of increasing doses of ASA at a set time in order to sensitise the patient to the active substance and initiate a chronic treatment. **Hypersensitivity** to the drug occurs in a wide range of the population, both in healthy subjects and patients with coronary heart disease. This condition may affect patient compliance to therapy and increase the risk of ischemic events especially in secondary prevention.

Aim and Objectives The aim of the work is obtaining a systematic review of the literature concerning the existing **desensitisation protocols**. The purpose is to conduct a descriptive analysis of the population and evaluate the effectiveness and safety of the protocol over the short and long term.

Material and Methods A retrospective analysis was conducted on a group of patients treated with **Rossini's protocol,**[1] an increasing oral administration of ASA to 100 mg in five and a half hours.

Results The literature's review has shown the Rossini's protocol has the greatest number of sample and the best efficacy and safety data. The retrospective analysis allowed the evaluation of the group composed of 30 patients aged > 18 years, admitted to the centre between January 2020 and April 2022, diagnosed with coronary artery syndrome. 83.33% reported a history of hypersensitivity to ASA, especially with skin manifestations (n=8). The most sensitive patients received pre-medication before undergoing the procedure; despite treatment, 20% developed mild adverse reactions. At discharge 73.33% of patients were treated with an antiplatelet therapy of which 77.27% with ASA. 50% of the patients underwent a follow-up, which took place on average after 6 months; upon re-evaluation 60% were on treatment with ASA.

Conclusion and Relevance The evidence suggests that the Rossini's protocol is effective for a wide spectrum of patients. The hospital pharmacist in agreement with the cardiologist will evaluate the possibility to implement a solution-based formulation to treat more fragile patients, who present history of allergy to ASA, dysphagia or requiring interventional procedures.

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Conflict of Interest No conflict of interest

4CPS-153 OFF-LABEL USE OF KETAMINE FOR RESISTANT DEPRESSION: ROLE OF THE HOSPITAL PHARMACIST

[1]A Michielon*, [1]A Corzani, [2]MT Bianco. *[1]Università Di Siena, Scuola Di Specializzazione In Farmacia Ospedaliera, Siena, Italy; [2]Azienda Ospedaliero-Universitaria Senese, Uoc Farmacia Ospedaliera, Siena, Italy*

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Background and Importance An intravenous slow infusion of ketamine, glutamate receptor antagonist, has emerged as an effective, safe and rapidly acting antidepressant in different studies. Its efficacy is reported in treatment of resistant recurrent major depression and bipolar depression.

In our country, ketamine is not currently authorised for these indications therefore it is used off-label.

Aim and Objectives The purpose is to present the role of pharmacists monitoring ketamine's off-label prescriptive appropriateness and give treatments data of 2021 and the first eight months of 2022 in our hospital.

Material and Methods The authors present their role in the authorisation process for off-label use, in compliance with current legislation, and monitoring data which are collected from specialists' assessments/re-evaluations. Psychiatrists collect the patient's informed consent, fill out the authorisation form and deliver it to pharmacists. Pharmacists assess whether exist the conditions under which the ketamine infusion is sustainable in terms of both appropriateness and costs. Once the treatment has been authorised, the collected data are entered in a database periodically updated with authorisation and dispensing information.

Results 37 patients were treated from 01/01/21 to 31/08/22, 17 in 2021 and 20 in 2022.

In 2021, 4 patients had already received 1+ treatments the previous year, whilst 13 patients received the induction dose. Of these patients, 10 switched to a standard maintenance dosage as rapid therapeutic benefit was observed; only 3 discontinued treatment or had a different dosage for clinical reasons.

Between 01/01/22 and 31/08/22, 12 patients received the induction dose while 8 had already received 1+ treatments the previous year; of the 12 patients, 10 switched to a standard dose as a rapid therapeutic benefit was observed whereas only 2 discontinued treatment.

Conclusion and Relevance An intravenous slow infusion of ketamine is safe and effective in the symptoms' stabilisation.

The role of the pharmacy will be to continue monitoring and improve a database to be used to propose ketamine's administration in depression for inclusion in the list of medicines supplied by the National Health Service to be used for a therapeutic indication other than the authorised ones.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-155 CREATION AND VALIDATION OF A MEDICATION REVIEW SUPPORT TOOL FOR POTASSIUM CHLORIDE INJECTION (KCL-INJ) PRESCRIPTIONS

M Babin*, C Debanne, AC Desbuquois, M Boisgontier. *Centre Hospitalier Compiegne Noyon, 60321, Compiègne, France*

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Background and Importance KCl-inj is a risky drug, its administration error is a Never Events. Limiting its use to justified situations contributes to its security. Medication Review (MR) contributes to this limitation. Despite awareness campaigns, non-compliant prescriptions persist. During the MR, the Pharmaceutical Intervention (PI) includes a Prescription Proposal (PP): for KCl-inj the clinical context has a strong impact and complicates the MR.

Aim and Objectives Creation and validation of a support tool for the MR of KCl-inj prescriptions allowing taking into account the entire clinical context of the patient.

Material and Methods Bibliographic research associated with brainstorming on the various clinical and biological criteria of the patient and their consequences allowed setting up of a flowchart.

For validation: experimentation of the tool in a prescriptions prospective study (for each prescription the problem related to