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

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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

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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

therapeutics, the proposed PP and its acceptance are collated in an Excel file); then discussion and validation of the results in Medicines and Sterile Medical Devices Commission (MSMDC), in particular for the not accepted PIs.

Results The flowchart criteria are kalemia, oral intake, KCl-inj concentration, KCl-inj in prevention during high-dose hypokalemic treatments, initiation of treatment. Each of the situations identified is linked to a PI or the absence of PI. 6 axes of PP have been identified including oral co-prescription, switch by electrolyte solution, and adaptation of the volume of solvent.

The study over one month gives 172 lines with a MR according to our tool. 85 prescriptions were compliant. 87 PI formulated including 6 without PP. The PI acceptance rate is 43.2%, with a maximum of 52% for the oral relay and a minimum of 0% for adaptation of the volume of solvent or electrolyte solution switch. At the end of the MSMDC, our tool is validated after an agreement on the importance of promoting the use of electrolyte solution.

Conclusion and Relevance The acceptance rate and the conclusions of the MSMDC allow us to validate the flowchart. Its use improves the relevance of PIs, their acceptance and reduces the use of KCl-inj. To facilitate the use of the tool, an Excel file that identifies the PPs according to the criteria is being developed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-157 COMPARISON OF THE EFFECTIVENESS BETWEEN INTERLEUKIN-23 INHIBITORS FOR TREATMENT OF PSORIASIS IN A THIRD LEVEL HOSPITAL

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Background and Importance Interleukin-23 (IL-23) is a cytokine involved in inflammatory and immune responses in psoriasis. Novel therapies such as tildrakizumab, guselkumab, and risankizumab inhibit the IL-23-receptor interaction.

Aim and Objectives To compare the effectiveness between IL-23 inhibitors in patients with psoriasis in a third level hospital.

Material and Methods An observational, retrospective, descriptive study was conducted in patients with psoriasis treated with tildrakizumab, guselkumab or risankizumab between August-20 and August-22. Demographic, clinical, and treatment specific variables were collected. Effectiveness was determined through the comparison of psoriasis area severity index (PASI) prior starting IL-23 inhibitor and after the first visit (between weeks 4 and 16 after start).

Results The study included 58 patients [62.1% men, median age 51 (23-83) years] out of whom 8 (13.8%) had psoriatic arthritis comorbidity, 11 (18.9%) were treated with tildrakizumab, 20 (34.4%) with guselkumab and 27 (46.5%) with risankizumab. Median of treatment line was 3 (2-5) with tildrakizumab and guselkumab, and 2 (1-12) with risankizumab. Adalimumab was the most common previous therapy (54.5%, n=6 for tildrakizumab; 40.0%, n=8 for guselkumab; 38.5%, n=10 for risankizumab) and the median time of treatment with previous drug was 58.4 (9.8-665.0), 64.5 (1.5-921.0) and 46.6 (0.0-299.0) weeks, respectively. Reasons for switching to IL-23 inhibitors were treatment failure (100.0%, n=11 for tildrakizumab; 85.0%, n=17 for guselkumab; 84.6%, n=22 for risankizumab), adverse events (15.0%, n=3 for guselkumab; 11.5%, n=3 for risankizumab) or drug interaction (3.8%, n=1 for risankizumab). Median time of treatment with IL-23 inhibitor was 41.9 (16.9-68.0), 44.1 (9.2-168.0) and 26.3 (14.9-96.1) weeks for tildrakizumab, guselkumab and risankizumab, respectively. Median PASI before switching to IL-23 inhibitor treatments vs after first visit were 7.7 (3.3-10.8) vs 1.4 (0.0-5.2) for tildrakizumab, 8.9 (1.0-29.1) vs 0.9 (0.0-6.8) for guselkumab and 7.8 (2.8-21.8) vs 1.2 (0.0-10.4) for risankizumab. 7 patients (35.0%) and 10 patients (37.0%) in treatment with guselkumab and risankizumab respectively achieved PASI 0, while only 3 patients (27.3%) in treatment with tildrakizumab did.

Conclusion and Relevance The duration of the previous treatment was prolonged. Treatment failure was the main reason to initiate an IL-23 inhibitor treatment. Data suggest that guselkumab and risankizumab could be more effective treatments between 4 and 16 weeks compared to tildrakizumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-158 IMPROVEMENT IN PATIENT CARE BY PHARMACIST PHONE CALL AFTER STARTING TREATMENT

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Background and Importance Outpatient Pharmacy Unit (OPU) is the last place that patient goes within the hospital circuit. Usually, patient arrives overloaded with information and worried about his new disease, not being able to assimilate all the information that is offered to him about the new treatment that he has to start.

Aim and Objectives To develop a communication project between patients and OPU professionals to help patients understand, remember and improve adherence to treatment prescribed, detect possible medication-related problems (MRP) and increase the degree of satisfaction with the care received at the OPU.

Material and Methods Project started in April 2019, in the OPU of a regional hospital. Three profiles of patients were included; Profile 1: patients who, after a recent diagnosis, may have a greater psychological impact; Profile 2: those who start treatment with devices that require specific manipulation and Profile 3: those who, due to their special conditions (language, age...) are considered to need reinforcement of the information received in the first visit to the Pharmacy (FVP). When the patient comes to the OPU for the first time, he is offered all the information necessary to start his treatment and is included in a follow-up programme , doing a phone call 3 to 5 days after begin the new medication. On the second visit to the OPU, a satisfaction survey is given.

Results Data collected between April 2019-December 2021. Patients included: 142. Calls made to 100% of patients, 118 patients (83.1%) answered the call. 52.1% of the patients were classified as Profile 1; 37.3% Profile 2, and 10.6% Profile 3. 49 patients (34.5%) reported adverse effects, of which 41 (85.4%) evolved favorably and 8 (14.6%) changed