

adequacy grade to the European guidelines of cardiology (ESC).

Material and Methods Observational and retrospective study done between January-June 2022 where data for patients with ACS diagnosis: unstable angina(UA) or myocardial acute infarction with and without ST elevation (STEMI, NSTEMI) have been collected. Studied variables were demographic and clinical information (diagnostic, treatment, cardiovascular risk factors(CVRF)). For each patient ischemic and haemorrhagic risk have been calculated (using GRACE and CRUSADE score). Patients with 3 or more of the CVRF described have been considered fragile patients. ESC guidelines established the appropriate DAPT for each patient according to the ACS's type and patient's ischemic-haemorrhagic risk. Adequacy was assessed in terms of compliance or non-compliance with these recommendations.

Data were exported from medical history thanks to SAP® informatics' tool and Silicon® electronic prescription program. Statistic analysis was made by Stata.v.15.0®. Qualitative variables were expressed in percentages and absolute frequencies. Quantitative ones like average ± standard deviation.

Results A total of 95 patients were diagnosed with ACS 74,74% (71) of which were men with an average age of 64,38 ± 12,77 years, the 7,37% (7) with UA, 44,21% (42) NSTEMI and 48,42% (46) STEMI. All were under treatment with DAPT and moreover the 21,05% (20) were anticoagulated after percutaneous coronary intervention. The 51,58% (49) were low, 33,68% (32) medium and 14,74% (14) high ischemic risky patients. Regarding the bleeding risk the 53,86% (51) were low, 23,16% (22) medium and 23,16% (22) high.

The 37,89% (36) of the prescribed treatments weren't complying with the recommended DAPT in ESC guidelines according to ACS's type and patient's risk factors. By diagnosis, in 42,85% (3/7) of UA patients, 42,85% (18/42) of NSTEMI and 30,43% (14/46) of STEMI the prescriptions did not conform to guidelines.

Conclusion and Relevance Percentage of non-adequacy of prescribed DAPT to recent published ESC guidelines is considerable, leading to disparity of criteria with guidelines and between professionals and possible treatment's inequity between patients. Future studies could explore the importance of pharmacist integration and validation to avoid reported discrepancies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

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BASELINE AUDIT OF POTENTIAL TO OPTIMISE THERAPY THROUGH USE OF SGLT2I IN A COHORT OF PATIENT ADMITTED WITH AN ACUTE MYOCARDIAL INFARCTION

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Background and Importance There are around 100,000 hospital admissions each year in the UK due to acute myocardial infarctions (AMI). Co-morbidities in those with ischaemic heart disease are common and include heart failure, diabetes and chronic kidney disease (CKD), the interplay between these conditions being recently termed cardiometabolic syndrome.

Recent updates in UK NICE guidance support the use of SGLT2i for those with type II diabetes (T2DM) and cardiovascular (CV) risk, for treatment in those with heart failure with reduced ejection fraction and most recently for CKD.

Aim and Objectives Assess patients at a large London based cardiovascular centre, being previously discharged with a diagnosis of AMI to identify the opportunity to optimise therapy through prescribing SGLT2i.

Material and Methods Retrospective analysis of patients admitted with an AMI between January and October 2021 at a large London based cardiovascular centre to compare the optimisation of SGLT2i at discharge (DC) and at 12 months in those with cardiometabolic risk factors (i.e T2DM, HF and CKD).

Results 450 patients with AMI were followed during 1 year, average aged of 57.3 years old with 84% male, T2DM (25.7%), HF (23.5%), CKD (10%), 43% smokers and 3% with AF.

At discharge, SGLT2i were prescribed in 4.6% of all AMI patients. In patients with T2DM, HF and CKD, the respective rates of SGLT2i at discharge were 18%, 3.7% and 2.2%.

At 12 months post-discharge, T2DM increased to 28% (11 newly diagnosed), 23.5% of patients with HF and 16% with CKD (26 patients newly diagnosed). SGLT2i were prescribed in 10.4% of patients with respective rates of 30%, 16% and 11.1%.

Conclusion and Relevance This data supports an opportunity to improve SGLT2i prescribing in our post-MI cohort with additional cardiometabolic risk factors. There was a small increase in prescribing noted after 12 months but recent updates in UK policy would support a wider adoption of SGLT2i use, in particular noting the high rates of T2DM and HF seen in the post-AMI group. Strategies to facilitate optimisation include protocolisation of initiation, communication for 1ry care physicians to start shortly after discharge and consideration of earlier initiation prior to discharge in those with cardiometabolic risk factors.

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E-LUNGING: EVALUATION OF AN E-LEARNING PROGRAM INTENDED FOR HEALTHCARE PROFESSIONALS REGARDING THE MEDICATION OF LUNG TRANSPLANT PATIENTS

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Background and Importance Our institution is specialised in lung transplantation (LT). The drugs associated with this procedure are numerous and of complex management. However, the long-term success of LT is directly linked to patient adherence. In our institution, nursing staff turnover is frequent, and the replacement staff is not always specialised in LT. This observation led to the development, in collaboration with the medical and nursing teams, of an online training program (e-learning) for health care staff, intending to reinforce the appropriate use of transplant drugs and better respond to patients' queries.