4CPS-208 TELEPHARMACY INTERVENTIONS IN PATIENTS WITH CHRONIC DISEASES

MA Blanco Castano*, M Dominguez Cantero, E Ríos Sánchez. *University Hospital of Puerto Real, Pharmacy, Puerto Real, Spain*

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Background and Importance The emergence of information and communication technologies has enabled the development of telepharmacy programmes (TPP) as a complementary tool to personal care, through which pharmaceutical care can be provided without the need to visit the hospital. TPP began in December 2019 with delivery of medication to primary healthcare centres previous pharmaceutical care by telephone from the hospital pharmacy.

Aim and Objectives Describing the pharmaceutical interventions (PI) of patients included in a TPP

Material and Methods Prospective, descriptive study, from december 2019-september 2022. Pharmacotherapy follow-up consisted of structured telephone interviews scheduled every 3 months. Inclusion criteria: duration of treatment greater than3 months, stable chronic disease, adherence greater than 90%, good tolerance to medication and/or mobility or dependency problems. Exclusion criteria: onco-haematological treatment, and patients with cognitive problems, or technological barriers to telephone pharmacotherapeutic follow up.

PI were classified as: drug-drug interactions (DDI), clinical monitoring (CM), adverse drug reactions (ADR) and/or lack of efficacy (LOF). In addition, the results of each PI were recorded as: temporary/permanent discontinuation (TPD), change of treatment (ChOT), change of dosing regimen (ChDR) or continuation of treatment (COT). The degree of acceptance of the Pi was calculated.

Results A total of 4.497 telephone interviews were conducted with 410 patients included in the TPP. Fifty-seven percent of treatments were biologics, 27% antiretrovirals, 6% multiple sclerosis/amyotrophic lateral sclerosis treatment, 3% lipid-lowering drugs, 3% somatropins, 2% pulmonary antihypertensives and 2% other drugs.

88 Pi were registered, 58% of which were accepted by the prescribing physician.

N	ADR (27) (30,7%)	CM (27) (30,7%)	LOF (19) (21,6%)	DDI (15) (17%)	TOTAL
TPD	6 (22,2%)	6 (22,2%)	2 (10,5%)	0	14 (15,9%)
ChOT	7 (25,9%)	1 (3,7%)	9 (47,4%)	1 (6,7%)	18 (20,5%)
ChDR	2 (7,4%)	1 (3,7%)	2 (10,5%)	14 (93,3%)	19 (21,6%)
COT	12 (44,4%)	19 (70,4%)	6 (31,6%)	0	37 (42%)

Conclusion and Relevance Pharmacotherapeutic monitoring of patients included in the TPP mainly allowed for the detection of ADRs and ensured adequate clinical supervision of in-patient medication.

The outcome of the interventions was mostly COT followed by modification of the prescribed regimen.

The pharmacist´s activity in a TPP can contribute to a better use of medicines, as well as prevent and solve medication-related problems.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-209 EXPERIENCE OF THE NOCEBO EFFECT IN PATIENTS WITH SWITCH TO BIOSIMILARS IN RHEUMATOID ARTHRITIS

[1]R Fresquet, [2]AB María Ángeles*, [1]O Pascual, [1]R Gracia, [1]L Sopena, [1]I Varela, [1]P Gomez, [1]A Merchan, [1]B Bonaga. *[1]Hospital Clínico Universitario Lozano Blesa, Servicio de Farmacia, Zaragoza, Spain; [2]Hospital Clinico Universitario Lozano Blesa, Servicio de Farmcia, Zaragoza, Spain*

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Background and Importance The nocebo effect is described as the worsening of associated symptoms or an increase in adverse effects due to a negative attitude towards a particular drug or pharmacological therapy, in this case biosimilar treatment. Lack of patient knowledge and discrepancies in the information provided are the main causes of negative expectations with biosimilars and their exchange with the original drug.

Aim and Objectives Study of the nocebo effect in patients with spondyloarthropathy and psoriatic arthritis after switching from the original drug to the biosimilar of adalimumab in a tertiary hospital.

Material and Methods Retrospective and observational study from January 2020 to October 2021. Clinical information was obtained from the electronic medical record. The following clinical and demographic variables were recorded: age, sex, medication, type of adverse reaction, adherence, and follow-up after the change.

Results During the study period, 66 switches were made from Humira® (original drug) to Hyrimoz® (biosimilar), with 72% biosimilar use in this clinical context. In 4% (3 patients) of the switches, a clinical worsening was observed at 6 months, the mean age was 46 years, male. Adherence to treatment (Hyrimoz) was over 90%. The most frequent symptoms were: skin symptoms with pruritus, axial clinical worsening, morning arthralgias. In all cases, and after discussion with the prescribing physician, it was decided to switch to the original brand. After returning to the reference brand, the patients presented an improvement of the symptomatology associated with the change to the biosimilar drug.

Conclusion and Relevance The nocebo effect is an uncommon effect, but it causes an increase in pharmaceutical expenditure, as well as in medical visits and complementary tests. Due to the small sample size, clinical worsening cannot be associated with the nocebo effect in this study. Therefore, further research on this topic is required. It may also lead to the administration of new drugs to counteract the symptoms caused by the nocebo effect. Better education of both healthcare professionals and patients on the knowledge of biosimilars can help reduce the likelihood of triggering a nocebo effect.

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