(apixaban/dabigatran/edoxaban/rivaroxaban) and LAIs (degludec/detemir/toujeo (glargine)) due to their high-risk nature, requiring validation by a pharmacist for the early in the morning dispensation. On weekdays, these medications were identified in the ED through the electronic prescription program and subjected to pharmaceutical validation. All locations, appropriateness, and, in cases of inappropriateness, both the underlying reasons and their acceptance were recorded. Recommendations were communicated through the patient's electronic medical record or by telephone to the attending physician. Locations reviewed on previous days were excluded to prevent duplication. The primary variable was the degree of total non-appropriateness, both overall and by therapeutic group. Secondary variables included the reasons for non-appropriateness, the degree of acceptance of pharmaceutical recommendations, and, in cases of non-acceptance, the occurrence of adverse drug events (ADEs) for each therapeutic group. The analysis was performed using Microsoft Excel® for Microsoft 365 MSO (2308 version).

Results During the study period, a total of 338 locations were recorded: 193 DOACs and 145 LAIs. The overall degree of non-appropriateness was 16.6% (56/338), with 13.0% (25/193) for DOACs and 21.4% (31/145) for LAIs. The main reasons for non-appropriateness for DOACs were 52.0% temporary contraindication (13/25), 36.0% inappropriate dosage (9/25), and 12.0% reconciliation (3/25); for LAIs: 58.1% inappropriate dosage (18/31), 32.3% contraindication (10/31), and 9.7% inappropriate presentation (3/31). The overall acceptance rate of recommendations made was 86.0% (49/57), with rates of 100% (13/13) and 88.0% (22/25) for DOACs and LAIs, respectively. No ADEs occurred.

Conclusion and Relevance Early and proactive validation by the pharmacist in the Emergency Department of selected high-risk drugs appears to optimise pharmacotherapy and reduce the occurrence of adverse events associated with these medications.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-101 MONITORING METABOLIC SYNDROME IN OLANZAPINE TREATED PATIENTS

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Background and Importance Neuropsychiatric disorders are associated with significant reduction in life expectancy and increased risk of cardiovascular mortality. Olanzapine, can exacerbate the development of metabolic síndrome (MS), especially at the beggining of treatment

Aim and Objectives Main objetives are to analyse the metabolic monitoring of patients receiving oral olanzapine treatment, to study the association between olanzapine use and the development of metabolic alterations (MA) and to investigate the prescription of specific treatments for MS in patients who develop it

Material and Methods This was an observational, descriptive, and retrospective study that included adult patients admitted to the psychiatric hospital unit and prescribed oral olanzapine between January 2023 and April 2023.

The collected variables included sex, age, risk factors (smoking and substance use) and Body Mass Index (BMI).

It was recorded whether there was an initial blood test and a follow-up test conducted between two and twelve months after the start of treatment, along with the time elapsed until the follow-up test. The following parameters were collected: cholesterol, triglycerides, high-density lipoprotein (HDL), low-density lipoprotein (LDL), and blood glucose.

For patients developing MA, the study examined the prescription of hypoglycemic and lipid-lowering medications.

Results 42 patients were included, 57% women and Mean age (±SD) was 40±15.5 years. Risk factors included substance use in 19.05% of patients and tobacco use in 16.6%. The mean BMI was 24.5±5 kg/m^2.

Only 45% of patients underwent an initial blood test. None of them had hyperglycemia, but 31.6% had lipid abnormalities (LA), with hypertriglyceridemia in 50% of cases followed by high cholesterol and elevated LDL.

Within the first few months of treatment (4.5 ± 2.5), 54.8% had follow-up blood tests. None of these patients had hyperglycemia, but 52.17% showed LA, increased TG in 50% and decreased HDL in 41.6%.

Only one of these received lipid-lowering medication.

Conclusion and Relevance A substantial percentage of patients were not monitored for the potential development of MS associated with olanzapine use. There was an observed increase in LA, possibly linked to it. Importantly, lipid-lowering medication use was limited when LA were present.

The study highlights the need to raise awareness among healthcare professionals about the importance of monitoring MS in these patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-102 AMIODARONE AND LITHIUM-INDUCED THYROID DYSFUNCTION: WHO INITIATES THE PRESCRIBING CASCADE?

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Background and Importance Prescribing cascades occur when an unrecognised adverse drug reaction (ADR) leads to the initiation of additional medication, contributing to polypharmacy. It remains unclear whether prescribing cascades are initiated by physicians from specialties other than the initial prescriber. This study focuses on amiodarone and lithium, two medications exclusively initiated in hospitals, while the ADR thyroid dysfunction occurs in primary care (median: after two years).

Aim and Objectives To assess whether the specialty of the physician initiating amiodarone or lithium differs from the specialty of the physician initiating the thyroid medication.

Material and Methods A retrospective study was conducted (two teaching hospitals and 22 community pharmacies). Patients initiating amiodarone or lithium (index) and subsequently receiving thyroid medication (marker) within 24 months were included. The primary outcome was the

proportion of different specialties initiating the index and marker medication. Secondary outcomes included the recognition of prescribing cascades in hospitals, communication of the ADR to general practitioners (GPs) through discharge letters, and the knowledge of these cascades among community pharmacists, as well as their preferences for addressing them (interviews). Descriptive analysis was used.

Results The study comprised 100 amiodarone and 17 lithium users who subsequently received thyroid medication. Different specialties were involved for amiodarone (62%) and lithium (71%). For amiodarone (initiated by cardiologists), internists initiated 48% of the marker medication, and GPs initiated 11%. For lithium (initiated by psychiatrists), GPs (47%) and internists (24%) initiated the marker medication.

In 75% (n=59) of hospital cases, the medical specialist initiating marker and/or index medication recognised the cascades as such and informed GPs in 89% of these cases. In the remaining 25% of unrecognised cases, the thyroid medication was primarily initiated by another specialty (93%). Interviews with community pharmacists revealed limited awareness of these prescribing cascades and they expressed the need for a clinical decision support system.

Conclusion and Relevance This study demonstrated that various physicians can be involved in prescribing cascades within the continuum of care. GPs are not consistently informed about managing ADRs, and community pharmacists lack awareness of these prescribing cascades. Hospital pharmacists could play a crucial role in recognising and managing these cascades in collaboration with community pharmacists.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-103 ANALYSIS OF PNEUMONIA ASSOCIATED WITH MECHANICAL VENTILATION IN CRITICALLY ILL PATIENTS UNDERGOING SELECTIVE DIGESTIVE DECONTAMINATION

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Background and Importance Pneumonia Zero project is a multifactorial national intervention, based on the concurrent application of measures to prevent ventilator-associated pneumonia (VAP). Within the package of measures, selective digestive decontamination (SDD) is included as an optional but highly recommended measure.

Aim and Objectives SDD was recently implemented in our centre with a paste and solution formulation based on colistin, tobramycin and nystatin. Our aim is analysing incidence and mortality of VAP after SDD implantation and related factors.

Material and Methods Retrospective observational study in second-level hospital including all patients who consumed DDS formula in Intensive Care Unit (ICU) during 2022. Data were collected from digital medical records and FarmaTools® electronic prescription software: age, sex, cause of admission to ICU (medical, surgical or trauma), days of ICU stay, days with mechanical ventilation (MV), presence or absence of VAP during admission, use of intravenous antibiotics during MV, presence or absence of multidrug-resistant microorganism in cultures and deaths.

For data analysis, we calculated incidence of VAP, median days with MV in patients with VAP, multidrug-resistant organisms in patients with VAP, incidence of deaths in patients with and without VAP.

Results

Sample 71 patients (73% male). Median age: 61 [17–85]. Cause of ICU admission; medical: 61 (81%), surgical: 6 (8%), trauma: 4 (7%). Median number of days in ICU: 14 [1–82]. Median days with MV: 10 [1–75]. Patients with VAP: 18 (25%). Use of antibiotics during MV: 57 (80%). Multidrug-resistant microorganisms: 10 (14%). Deaths: 41 (57%)

VAP incidence 25%. Median days of MV in VAP patients: 14 [4–63]. Multidrug-resistant microorganisms in VAP: 9 (50%). Death incidence without VAP: 18%. Death incidence with VAP: 44%.

Conclusion and Relevance Data suggest a significant incidence of VAP and a higher associated mortality compared who have not suffered this complication during admission. As would be expected the incidence increases with the number of days on MV. Most cases, intravenous antibiotics were used as a measure included in the Zero Pneumonia protocol. It should be noted that half of the micro-organisms isolated in patients with VAP are multi-resistant. More data from previous years prior to the introduction of SDD would be needed to compare a real-world effectiveness

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-104 COMORBIDITY PATTERNS IN THE OLDER HIV PATIENT

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Background and Importance The life expectancy of people living with HIV (PLHIV) has risen. However, PLHIV present chronic systemic inflammation, which results in premature ageing and an increased risk of age-associated comorbidities compared to the general population.

Aim and Objectives To determine the prevalence of comorbidities among PLHIV who are 65 years old or above, and to categorise their distribution in multimorbidity patterns according to the study by Prado Torres et al: cardio-metabolic, depressive-geriatric and mechanical-thyroid.

Material and Methods Prospective descriptive study through interviews with 47 PLHIV over 65 years of age on active antiretroviral treatment seen in the outpatient pharmaceutical care clinic. The comorbidities were obtained from the computerised clinical history (Selene®), the primary care health history (Horus®) and the clinical interview with the patient. The comorbidities were classified into comorbidity patterns according to the study by Prado Torres et al, which is included in the 'Model of Selection and Pharmaceutical Care for HIV Patients' by the Hospital Pharmacy Society of our country. A comorbidity pattern is diagnosed in a patient if they present at least two pathologies of the same pattern. Multiple patterns of comorbidity may be present in a patient.

Results The patients had a median of 5 comorbidities (RIQ: 2–6). Out of 47 patients, 28 (60.0%) present a cardio-metabolic pattern, 13 (27.7%) a depressive-geriatric pattern and 18